MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 82-a

CERTIFICATE OF DEATH

10712

Reg. Dist. No. 38

1. PLACE OF DEATH:

County Baltimore

City or town Rogers Forge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 321 Hopkins Road

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Rogers Forge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 321 Hopkins Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Ida D. Armiger

3. (b) Social Security Number

4. Sex: female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: William L. Armiger

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Jan. 6, 1854

8. AGE: Years 85 | Months 10 | Days 6 | If less than one day ____ hrs. ____ min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: housewife -- retired

11. Industry or business

FATHER
12. Name: John Dobler
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden name: Mary E. Jenkins
15. Birthplace: Baltimore, Md.

16. Informant: Richard D. Armiger

Address: 503 Orkney Road

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 14, 1939 (month) (day) (year)

Cemetery or ~~crematory~~ Greenmount

Location: North & Greenmount Aves., Baltimore

18. Funeral director: John O. Mitchell & Son Inc.

Address: 1900 Eutaw Place, Baltimore, Md.

19. 11/13 39 W. Carroll Van Horn Deputy Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 12 1939, at 7.30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/4 1939, to Nov 12 1939, and that I last saw her alive on 11/12 1939.

Immediate cause of death: A cerebral accident - There was no paralysis. a hemorrhage.

~~Due to~~ A cerebral slowing down of Heart action & Respiration with Jaundice - Nausea.

~~Due to~~

~~Other conditions~~

(Include pregnancy within 3 months of death)

DURATION

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Geo H Stocking M. D. or other

Address 5835 York Road Date signed 11/12/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1934
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10713

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Beechwood Hospital, Catonsville Registration Dist. No. 30

Village or City Catonsville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Christian Aberle

(a) Residence: No. Wash. Blvd. near Ridge Rd. St., Md Ward. Balto. Co.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Margaret Aberle

6. DATE OF BIRTH (month, day, and year) Oct 4, 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89	—	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Jeweler

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Himself

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany (State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs. Harry Loffler (Address) Severna Park, Md

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Cem. Date Mon Nov. 6, 1939

19. UNDERTAKER Roland L. Franklin (Address) 622 N.

20. FILED 11/5/39 H. B. Gladden Registrar

If not buried in Baltimore, address Undertaker at 111 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 3 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1939, to Nov. 3, 1939

I last saw him alive on Nov. 2, 1939; death is said to have occurred on the date stated above, at 2:30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Uremia.	week.

Other Contributory Causes of importance:

Nephritis.	year
Senility.	
0	

Name of operation — Date of

Whet tast confirmad diagnosis? Was thare an autopsy?

23. If daath was due to external causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicida? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whathar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury /

Nature of injury /

24. Was disease or injury in any way relatad to occupation of dacensad? No.

If so, specify

(Signed) L. Lloyd Johnson M. D.

(Address) Catonsville

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1928*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10714

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 38

Village or City Ruxton, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Alexander Armstrong If U. S. Veteran, specify WAR

(a) Residence: No. Boyce Ave. St., Ward. Ruxton Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Woods (Armstrong)

6. DATE OF BIRTH (month, day, and year) June 28, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Lawyer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Nov. 18, 1939

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) Hagerstown, Md (State or country)

FATHER

13. NAME Alexander Armstrong

14. BIRTHPLACE (city or town) Hagerstown, Md. (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Key Scott

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Wm. W. Machen (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Rose Hill Cemetery Hagerstown Md Date Nov 22, 1939

19. UNDERTAKER Henry W. Peabody & Son Co (Address) 20 E. Eager St. Baltimore

20. FILED 11/21/39 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. (Month) 20 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1937, to Nov 20, 1939

I last saw him alive on Nov 18, 1939; death is said to have occurred on the date stated above, at 9:45 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	11/20/39

Other Contributory Causes of Importance:

Arteriosclerosis,	
Coronary thrombosis	1937
Ac. Pulmonary oedema	1457438

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Burt Rutledge M. D.

(Address) 18 E Eager St Balto.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. B H. Rutledge 18 E. Eager

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 157-a

10715

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
County Baltimore
City or town Towson
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 432 E. Penna Ave
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Balto
City or town Towson Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 432 E. Penna Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Rozella Ballard (Rose E. Ballard)

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband or wife Thomas L.
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 2, 1864

8. AGE: Years	Months	Days	If less than one day
75 75			hrs. ____ min.

9. Birthplace Cuba, Balto Co, Md.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Charles F. Boyer
13. Birthplace Cuba, Balto Co, Md.
MOTHER 14. Maiden name Lucinda Cole
15. Birthplace Cuba, Balto. Co, Md.
16. Informant Margaret Lauder
Address 441 Penna. Ave; Towson Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/8/39 (month) (day) (year)
Cemetery or crematory Pleasant Rest.
Location Towson, Md.
18. Funeral director Mrs. Geo A. Holland
Address 1631 Druid Hill Ave; Balto. Md.
19. NOV 6 (Date rec'd by registrar) 1939 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 7 1939, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 19 1939 to Nov 4 1939, and that I last saw her alive on Nov 4, 1939

Immediate cause of death	DURATION
Pneumonia (traveler)	Oct 19, 34
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Geo A Holland Jr. M. D. or other
Address Towson Md Date signed 11/4/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

REC'D
NOV 13
BUREAU V.S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10716

1. PLACE OF DEATH (46-B)

County Baltimore Registration Dist. No. 30

Village or City Catonsville No. 20 Nunnery Lane St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 4 yrs. -- mos. -- ds. How long in U.S. if of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME John Kent Barbour

(a) Residence: No. 20 Nunnery Lane St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ellen Mulville

6. DATE OF BIRTH (month, day, and year): ----------

7. AGE: Years About 63 | Months ---- | Days ---- | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Salesman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Riverton Lime & Stone Co.

10. Date deceased last worked at this occupation (month and year): ---

11. Total time (years) spent in this occupation: ---

12. BIRTHPLACE (city or town) (State or country): Calvert County Maryland

FATHER

13. NAME: John Kent Barbour

14. BIRTHPLACE (city or town) (State or country): -------- Maryland

MOTHER

15. MAIDEN NAME: Harriet Garner

16. BIRTHPLACE (city or town) (State or country): -------- Maryland

17. INFORMANT: Mrs. Ellen M. Barbour

(Address) 20 Nunnery Lane, Catonsville

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date 11/27, 1939

19. UNDERTAKER: H. W. Mears and Son

(Address) 805 N. Calvert St.

20. FILED 11/26, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 25 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1939, to Nov. 25, 1939

I last saw him alive on Nov. 27, 1939; death is said to have occurred on the date stated above, at 2 45 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of Stomach

Date of onset

Other Contributory Causes of importance:

Name of operation Gastro-Enterostomy Date of May 26, 1939

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) E. J. Marr M. D.

(Address) 516 Cathedral St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-L)

10717

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Spring Grove State Hospital
Stay in hospital or inst. (yrs., or mos., or days) 3 yrs. 2 mos. 22 days
Stay in this community (yrs., or mos., or days) " " " " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Anne Arundel
City or town: Odington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Anna Beall

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: unknown
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): November 26, 1864

8. AGE:

Years	Months	Days	If less than one day
74	11	11	____ hrs. ____ min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: None
11. Industry or business

FATHER
12. Name: Thomas O. Beall
13. Birthplace: unknown

MOTHER
14. Maiden name: unknown
15. Birthplace: unknown

16. Informant: Hospital records
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/8/39
Cemetery or crematory: Spring Grove State Hosp.
Location: Catonsville
18. Funeral director: Spring Grove State Hosp.
Address

19. 11/8 (Date rec'd by registrar) 1939 [signature] Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 7, 1939, at 10:40 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 15, 1938, to November 7 1939, and that I last saw her alive on November 7, 1939.

Immediate cause of death	DURATION
Carcinoma of the stomach with metastasis into the intestines and spleen	before 1938
Due to Chronic myocarditis	"
Due to Generalized arteriosclerosis	before 1938
Other conditions: Senile psychosis	before 1938

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: As given above.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE: Serge Androp
Serge Androp, M.D. M. D. or other
Address: Spring Grove St. Hosp. Date signed 11/7/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 2 1959
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (186-2)

10718

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: Sparrows Point
County
City or town Balto Co Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 309 S. Madeira St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Alexander BIERNACZKI (BIERNACKI)

3. (b) Social Security Number 215-01-1824

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of ~~husband~~ or wife: Anna
6(c) If alive, give age 47 years
7. Birth date of deceased (mo., day, yr.): May 15, 1895
8. AGE: Years 442 Months 6 Days If less than one day hrs. min.
9. Birthplace: Jasczebiec Poland (Town, county, and state)
10. Usual occupation: Stevedore
11. Industry or business
FATHER 12. Name: Paul Biernacki
13. Birthplace: Jasczebiec Poland
MOTHER 14. Maiden name: Maryanna Romanow
15. Birthplace: Jasczebiec Poland
16. Informant: Anna Biernacki
Address: 309 S. Madeira St.
17. Burial (Burial, cremation, or removal, Which?) Date thereof 11/20/39 (month) (day) (year)
Cemetery or crematory: St. Stanislaus
Location: O'Donnell Street
18. Funeral director: M. F. Sadowski & Sons
Address: 1808 Eastern Ave.
19. Nov. 17. 1939 (Date rec'd by registrar) Damon L. Harber Dy. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 15th 1939, at 3:30 am.
21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from 19 to 19~~
~~and that I last saw h alive on 19~~
Immediate cause of death: Accident several tons of Steel rods falling on him & crushing left side of chest.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, ~~suicide, or homicide~~ Accident Date of 11-15-1939
Where did injury occur? Sparrows Point (City or town) Balto (County) Md (State)
Injured ~~at home, farm~~, industry, ~~public place (where?)~~ Sparrows Point
Means of injury see above Injured at work? yes

23. SIGNATURE W. T. Wyse Supt. F.M. Ex M. D. or other
Address Pikesville Md Date signed 11-15-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 4 1939
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

10719

Reg. Dist. No. 31

1. PLACE OF DEATH:

County: Baltimore County

City or town: Woodlawn Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Windsor Mill Road

Stay in hospital or inst. (yrs., or mos., or days): ✓

Stay in this community (yrs., or mos., or days): 6 mos

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For [illegible] infants give residence of mother)

State: Maryland County: Baltimore

City or town: Baltimore Ward No. 8
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 206 McMechen St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Francis Seyton Biggs

3. (b) Social Security Number: ✓

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Leonora Land

6(c) If alive, give age: 79 years

7. Birth date of deceased (mo., day, yr.): Nov 1, 1857

8. AGE: Years: 82 Months: – Days: 13 If less than one day: ___ hrs. ___ min.

9. Birthplace: Norfolk Va
(Town, county, and state)

10. Usual occupation: Insurance agent

11. Industry or business: Mass. Mutual Life Ins. Co.

FATHER
12. Name: Major Joseph John Biggs
13. Birthplace: N.C.

MOTHER
14. Maiden name: Isabelle Anderson James
15. Birthplace: Philadelphia Pa.

16. Informant: Mrs Antoinette Biggs Davis

Address: 304 Somerset Road

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 16/39 (month) (day) (year)

Cemetery or crematory: Druid Ridge

Location: Pikesville Balt. Co. Md.

18. Funeral director: John O. Mitchell Fond

Address: 1900 Eutaw Place

19. Nov 15 1939 (Date rec'd by registrar) J. J. Milton Piel Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 14 1939, at 1 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 15 1939, to November 14 1939, and that I last saw him alive on November 13 1939.

Immediate cause of death	DURATION
Uraemia	
Chronic interstitial nephritis	6 mos
Due to arteriosclerosis	
Due to myocarditis	1 year
Other conditions	

(Include pregnancy within 3 months of death)

Major findings: –

Of operations: –

Of autopsy: no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: – Date of:

Where did injury occur? – (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): –

Means of injury: – Injured at work? –

23. SIGNATURE: Wetherbee Fort M. D. or other

Address: 20 E. Preston St. Date signed: 11/14/39

RECEIVED
NOV 27 1939
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93-d

10720

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Easter Sanatorium, Hasting Ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Baltimore

City or town Catonsville Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Hasting Ave 2522 E. Biddle

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR NO

3. (a) FULL NAME Nannie May Block

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband ~~or wife~~ Moses Block

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept 1, 1864

8. AGE: Years 75 | Months 2 | Days 2 | If less than one day ____ hrs. ____ min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER: 12. Name Charles Jester

13. Birthplace Md

MOTHER: 14. Maiden name Lovenia Wheeler

15. Birthplace Md

16. Informant Miss Thelma Block

Address 2522 E Biddle St.

17. Burial (Burial, cremation, or removal, Which?) Date thereof 11/6/39 (month) (day) (year)

Cemetery or crematory Greenmount

Location Baltimore Md

18. Funeral director William Cox

Address 1217 St Paul St

19. 11/3 (Date rec'd by registrar) 1939 H. C. Andrews Registrar

Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 3 1939, at A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 7 1939, to November 2 1939 and that I last saw her alive on November 3 1939

Immediate cause of death: Myocardial insufficiency, Generalized arteriosclerosis

Due to

Due to

Other conditions Senility

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE H. Lou Brinsfield M. D. or other

Address Temple Garden Apts Date signed 11/3/39

RECEIVED
DEC 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (39)

CERTIFICATE OF DEATH

10721

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Essex
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Nicholson Rd.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Balto.
City or town: Essex Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Nicholson Rd.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary L. Bodenburg

3. (b) Social Security Number:

4. Sex: F
5. Color or race: W.
6. (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Wm Frederick Bodenburg
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Sept. 29 - 1868
8. AGE: Years: 71 Months: 1 Days: 15 If less than one day: hrs. min.
9. Birthplace: Balto. Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: At Home.
FATHER 12. Name: Unknown Maier
13. Birthplace: Md.
MOTHER 14. Maiden name: Unknown
15. Birthplace: Md.
16. Informant: Mrs. Herbert Bodenburg
Address: Nicholson Rd. Essex Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-17-39 (month) (day) (year)
Cemetery or crematory: Morelands
Location: Taylor Ave.
18. Funeral director: John G. Connelly
Address: Essex Md.
19. 11-15- 1939 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 14th 1939, at 5 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 14 1938 to Nov 14 1939
and that I last saw her alive on Nov 13 1939.

	DURATION
Immediate cause of death: Coronary Thrombosis	1 day
Due to: Arteriosclerotic cardio-vascular disease	years
Due to: age	
Other conditions: Diabetes Mellitus	3 years
Abdominal Tumor	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Blanche F. Davis M.D.
M. D. or other
Address: Essex, Md. Date signed 11/15/39

RECEIVED
DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (95-F) Reg. Dist. No. 6X

CERTIFICATE OF DEATH

10722

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Raspeburg (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: New Philadelphia Road
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Raspeburg (If outside city or town limits, write RURAL and give town)
(d) Street No. New Philadelphia Road (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Wilhelmina Bohlen

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife John H. Bohlen, Sr.

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb. 12, 1885

8. AGE: Years 54 | Months 8 | Days 21 | If less than one day ____ hr. ____ min.

9. Birthplace Balto. County, Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name George W. Lutz,
13. Birthplace Unknown

MOTHER
14. Maiden Name Margaret Hillen
15. Birthplace Balto., Md.

16 (a) Informant Mr. John H. Bohlen,
(b) Address New Philadelphia Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 7, 1939 (month) (day) (year)
(c) Cemetery or crematory Zion Luth. Cem.
Location Stemmers Run, Md.

18 (a) Funeral director F. Lauenbuker
(b) Address 7401 Belair Road.

19 (a) 11-6-39 (Date rec'd by registrar) (b) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. Date of death Nov 3 1939, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 2 1939, to Nov 3 1939, and that I last saw him alive on Nov 2 1939

	Duration
Immediate cause of death Cerebral apoplexy	1 day
Due to Hypertensive Cardio-vascular disease + Arteriosclerotic	?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. M. Baumgardner M. D., or other

Address Govdale Md Date signed Nov 3/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 4 1939
BUREAU V. S.

10723

STATE OF MARYLAND
CERTIFICATE OF DEATH

(8)

Registration Dist. No. 43

1 PLACE OF DEATH

County Balto

Village or City Raspeling (No. 4502 Fullerton Av St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby Boy Boschert

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): —

6 DATE OF BIRTH: Nov (Month) 4 (Day), 1939 (Year)

7 AGE: Still born (6 months) yrs. mos. ds. If LESS than 1 day hrs. or min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work —
(b) General nature of industry business, or establishment in which employed or (employer) —

9 BIRTHPLACE (State or country): Raspeling Md

PARENTS

10 NAME OF FATHER: Andrew J Boschert

11 BIRTHPLACE OF FATHER (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Anna M. Rodert

13 BIRTHPLACE OF MOTHER (State or Country): Balto Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15 Filed 11/5 1939 Mrs G. A. Fritz Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov 4, 1939? (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from — 192 . to —, 192 , that I last saw h alive on , 192 , and that death occurred on the date stated above, at m.

The CAUSE OF DEATH * was as follows:

Premature (6 months)

(Duration) yrs. mos. ds.

Contributory Secondary

(Duration) yrs. mos. ds.

(Signed) A. Lee Hickey M. D.

Nov 4 1939 (Address) Overlea Md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL , 19

20 UNDERTAKER | ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 1 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10724

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Balto Co

City or town: Catonsville Maryland.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spitz Home & Edmondson ave

Stay in hospital or inst. (yrs., or mos., or days): 5 weeks

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County:

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 710 Melville Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Florence V. Brady

3. (b) Social Security Number:

4. Sex: F.

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: John J Brady.

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): July 1, 1859

8. AGE: Years: 80 Months: 4 Days: 20 If less than one day ____ hrs. ____ min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Joseph Hoyle
13. Birthplace: West Virginia

MOTHER
14. Maiden name: Nancy Britton
15. Birthplace: Maryland.

16. Informant: Mrs. E. R. Wolf

Address: 638 E. 37 St.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 11-24-39 (month) (day) (year)

Cemetery or crematory: London Park.

Location: Balto Md

18. Funeral director: Wm Cook

Address: Balto Md

19. 11/21 1939 (Date rec'd by registrar) H. Hardman Registrar
Deputy Treas

MEDICAL CERTIFICATION

20. DATE OF DEATH: November, 21, 1939, at 1P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 19, 39 19__, to Nov., 21, 39 19__, and that I last saw her alive on Nov. 20, 39 19__.

Immediate cause of death: Chronic Myocarditis. — DURATION: 2 mo.

Due to: Lobar Pneumonia — 2 mo.

Due to: Senility — Years.

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: 0

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: 0 Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: S. Lloyd Johnson M. D. or other

Address: Catonsville Date signed: 11-21-39

NOV 25 1939
BUREAU V.E.

10725

STATE OF MARYLAND—CERTIFICATE OF DEATH

(131)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 30

Village or City Catonsville Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Brenan If U. S. Veteran, specify WAR

(a) Residence: No. Rolling Road & Edmonson Ave Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~OR DIVORCED~~ (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 5th 1843

7. AGE Years 96 Months 1 Days 12 If LESS then 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Frances Brenan

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Sarah Huston

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT Adele Coonan (Address) Rolling Rd & Edmonson Ave

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Nov 18th, 1939

19. UNDERTAKER Henry H Jenkins & Sons Co (Address) Orchard Mt Colloh St

20. FILED 11/17, 1939 H. Landrum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov (Month) 17th (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1939, to Nov 17, 1939

I last saw her alive on Nov 15th, 1939; death is said to have occurred on the date stated above, at 3 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Interstitial	2
Nephritis Arterio Sclerosis	
Chronic Myocarditis	

Other Contributory Causes of importance:

Senile Diabetes & Senile	2
Arterio Sclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Frank O Miller M. D.

(Address) Ellicott City Md

Remove blank, unmarked, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED DEC 2 1939 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

10726

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 42

1 PLACE OF DEATH

County Baltimore -

Village or City Halethorpe (No. Washington Blvd St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Mrs Mary Jane Brooks

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	Colored	Married.

6 DATE OF BIRTH: April 6th (Month) (Day), 1861 (Year)

7 AGE: 78 yrs. 7 mos. 23 ds. If LESS than 1 day, ____ hrs. OR ____ min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry business, or establishment in which employed (or employer): Retired -

9 BIRTHPLACE (State or country): Prince George Co - Md.

PARENTS

10 NAME OF FATHER: John West

11 BIRTHPLACE OF FATHER (State or country): P.G. Co - Md

12 MAIDEN NAME OF MOTHER: Mary Coast

13 BIRTHPLACE OF MOTHER (State or country): P.G. Co. - Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Salesbury Brooks

(Address) Halethorpe - Md

15 Filed Nov 29, 1939 Gertieffer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov 25 (Month) (Day), 1939 (Year)

17 I HEREBY CERTIFY, That I attended deceased from ____, 1914, to Nov 25, 1939, that I last saw h[illegible] alive on Nov 25, 1939, and that death occurred on the date stated above, at 3 30 p.m.

The CAUSE OF DEATH * was as follows:

Diabetes & Chronic nephritis.

(Duration) 5 yrs. ____ mos. ____ ds.

Contributory Secondary Uraemia - Coma.

(Duration) ____ yrs. ____ mos. 7 ds.

(Signed) Frederick V. Baxter M. D.

Nov 29, 1939 (Address) Reisterstown Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 75 yrs. ____ mos. ____ ds. In this State 78 yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence: —

19 PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem — DATE OF BURIAL: 12/2, 1939

20 UNDERTAKER: Mrs. Geo H. Holland — ADDRESS: 1637 Druid Hill Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. No. 1.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*. *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*, with *whooping cough*; *Chronic valvular heart disease, Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septichaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 1 1939
BUREAU V. S.

10727

CERTIFICATE OF DEATH
COMMONWEALTH OF VIRGINA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS (82-a)

1 PLACE OF DEATH
COUNTY OF Baltimore
MAGISTERIAL DISTRICT OF
OR
INC. TOWN OF Owings Mills
OR
CITY OF

REGISTRATION DISTRICT NO. 33 (TO BE INSERTED BY REGISTRAR) REGISTERED NO. (FOR USE OF LOCAL REGISTRAR)
(NO. ST. WARD)
(If death occurred in a hospital or other institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. ..... How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds

2 FULL NAME Hannah M Brown

(A) RESIDENCE. NO. New Hope ST., WARD
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Colored
5. ~~SINGLE, MARRIED~~, WIDOWED, ~~OR DIVORCED~~ (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

6. DATE OF BIRTH (month, day, and year) unk

7. AGE Years 67 Months Days IF LESS THAN 1 DAY, ... NRS. OR ..... MIN.

OCCUPATION
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. retired Hare wife
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (month and year)
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (city or town) (State or country) Augusta Co Va.

FATHER
13. NAME Robert Branson
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Hannah Stevson
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (ADDRESS) Robert Ferron Owings Mills Md.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Round Hill DATE Nov 24 1939

19. UNDERTAKER (ADDRESS) H. F. Willburn Crimora

20. FILED Nov. 22, 1939 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 22, 1939

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 10/20/39, TO 11/22/39
I LAST SAW HER ALIVE ON 11/21/39, DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 7 A M.
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE IN ORDER OF ONSET WERE AS FOLLOWS:

	Date of onset
Uremia	
Hypertension	
Arteriosclerosis	
Cerebral hemorrhage	

CONTRIBUTORY CAUSES OF IMPORTANCE NOT RELATED TO PRINCIPAL CAUSE:

NAME OF OPERATION — DATE OF —
WHAT TEST CONFIRMED DIAGNOSIS? — WAS THERE AN AUTOPSY? —

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:
ACCIDENT, SUICIDE, OR HOMICIDE? — DATE OF INJURY — 1
WHERE DID INJURY OCCUR? —
(Specify city or town, county, and State)
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE. —
MANNER OF INJURY —
NATURE OF INJURY —

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? No
IF SO, SPECIFY
(SIGNED) James G. Saffell M. D.
(ADDRESS) Reisterstown Md

MARGIN RESERVED FOR BINDING

N. B.=WRITE PLAINLY, WITH UNFADING INK (WRITING FLUID) THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE THE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED, EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

Form V. S. 12 1-1-38—50M.

RECEIVED
DEC. 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10728

1. PLACE OF DEATH

County Baltimore "Recedo Knolls" Registration Dist. No. 30

Village or City Catonsville No. Maiden Choice Rd St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. 4 mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Cashmyer If U. S. Veteran, specify WAR .....

(a) Residence: No. Maiden Choice Rd Ward 1308 E. 33rd St. Baltimore, Md

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edw. J Cashmyer

6. DATE OF BIRTH (month, day, and year) 1863

7. AGE Years 76 Months Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME Jacob Codori

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Barbara Weigle

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT (Address) Mrs Clara Sorrell 1308 E 33rd St

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem Date 11/30 1939

19. UNDERTAKER (Address) George A Fuley Catonsville Md

20. FILED 11/29 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 28th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 1st, 1939, to Nov. 28th, 1939

I last saw her alive on Oct. 30th, 1939; death is said to have occurred on the date stated above, at 11 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Myocardial Dilatation	Nov. 28th 39
Pulmonary Oedema	Nov. 28th 39

Other Contributary Causes of Importance:

Cerebral Arterio-sclerosis	1 year
Cardiac Asthma	1 year

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did Injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. A. Chatard M. D.

(Address) 1300 E. Calvert St

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED DEC 2 1939 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10729

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (46-B)

County Balto. Registration Dist. No. 44

Village or City Sparrows Pt No. 821 St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 90 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew Childs

(a) Residence: No. 821 Main St. St., Ward

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	Col	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sylvia Childs

6. DATE OF BIRTH (month, day, and year) 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Bethlehem Steel Co

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Pensioner

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Montgomery Co. (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Virginia Gibson (Address) 821 E. St. Sparrows Pt

18. BURIAL, CREMATION, OR REMOVAL Place Remington Md. Date 11-16 1939 Cal. Cemetery

19. UNDERTAKER Sam'l W. Chase & Son (Address) 638 N. Bolton St

20. FILED Nov 15 1939 Dorothy L. Hanlon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov 12 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 1939, to Nov 12 1939

I last saw him alive on Nov 10 1939; death is said to have occurred on the date stated above, at 7 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1939
Senility	1935

Other Contributory Causes of importance:

Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No

If so, specify

(Signed) Ed J. Thiet M. D.

(Address) 1125 E. Chase St

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

10730

Reg. Dist. No. 30

1. PLACE OF DEATH:
County Baltimore
City or town Catonsville, md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 13 Shady Nook Ave
Stay in hospital or inst. (yrs., or mos., or days) 3 weeks Ortiz Home
Stay in this community (yrs., or mos., or days) 22 yrs. last May

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balt.
City or town Catonsville, md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 13 Shady Nook Ave. / Same res.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Mordecai Gist Cockey.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary Olivia Slade
6(c) If alive, give age 84 years

7. Birth date of deceased (mo., day, yr.) May 10, 1849.

8. AGE: Years	Months	Days	If less than one day
90	6	7	hrs. min.

9. Birthplace Glyndon, md. (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name John R. Cockey
13. Birthplace Glyndon, md.
MOTHER 14. Maiden name Deborah Powell
15. Birthplace Towson, md.
16. Informant Mrs. Mordecia Cockey
Address 13 Shady Nook Ave.
17. Burial Date thereof Nov. 19, 1939 (month) (day) (year)
(Burial, cremation, or removal. Which?)
Cemetery or crematory All Saints Cemetery
Location Rustertown Md.
18. Funeral director Wm. Berry mary & Sons
Address 509 maine St. Rustertown
19. 11/15/39 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November, 17, 1939, at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October, 17. 39 to Nov. 17 39
and that I last saw him alive on Nov, 16. 1939

Immediate cause of death	DURATION
Chronic Nephritis	1 mo.
Uremia	2 day
Senility	Years
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide No Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. Lloyd Johnson M. D. or other
Address Catonsville Date signed 11-17-39.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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DEC 2 1939
BUREAU V. S.

10731

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (948) (CB)

CERTIFICATE OF DEATH

Reg. Dist. No. 34

1. PLACE OF DEATH

County Arcadia

City or town Balto. County

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 2 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State — County

City or town Washington D.C. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Harrington Hotel

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR World War.

3. (a) FULL NAME Fristus Newell Cofrill

3. (b) Social Security Number —

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

8 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29 - 1890

8. AGE: Years 49 Months 3 Days 13 If less than one day hrs. min.

9. Birthplace Balto Co Md (Town, county, and state)

10. Usual occupation Accountant

11. Industry or business Statistical Dept J.C.C.

FATHER 12. Name N Frank Cofrell

13. Birthplace Maryland

MOTHER 14. Maiden name Sadie E Myers

15. Birthplace Maryland

16. Informant Mrs W. H. Bauer

Address Uppers Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 14/39 (month) (day) (year)

Cemetery or crematory St Paul's

Location Arcadia Md

18. Funeral director Edw C Tipton

Address Hampstead Md.

19. Nov. 13 1939 (Date rec'd by registrar) C. E. Howth M.D. Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 12th 1939, of ? M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19~~, to ~~19~~, ~~and that I last saw h~~ ~~alive on~~ 19

Immediate cause of death Coronary Thrombosis

Due to found dead in bed

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. T. O. Myse Dept Sm Ex. M. D. or other

Address Pikesville Md Date signed 11-12-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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DEC 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (158)

CERTIFICATE OF DEATH

10732

Reg. Diat. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Balto
City or town Dundalk
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto
City or town Hundalk Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 4909. Railway ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Harry Thos Cooke

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, ~~married, widowed, or divorced~~
Male	White	✓

6 (b) Name of husband or wife ✓

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept. 14 1939

8. AGE: Years | Months 2 | Days 3 | If less than one day ____ hrs. ____ min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual occupation none

11. Industry or business none

FATHER 12. Name Raymond Cook
13. Birthplace Balto

MOTHER 14. Maiden name Ada Tate
15. Birthplace Baltimore Md.

16. Informant Ida. Cook
Address 4909. Railway ave

17. Burial Date thereof ____ (month) (day) (year)
(Burial, cremation, or removal. Which?)
Cemetery or crematory Moreland Memorial
Location Taylor ave

18. Funeral director Dendel & Hippel
Address 1060 E. Eagle St.

19. Nov. 18 1939 John S. Connelly
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 17th 1939, at 5 A M about

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ____ 19__, to ____ 19__, and that I last saw h~~im~~ alive on ____ 19__.

Immediate cause of death	DURATION
Malnutrition, for	
Due to which was under treat-	
ment at Harris Lane	
Due to Hospital, by Dr Beach	
Primary cause Unknown. Cert. R.	
Other conditions Probably lack of proper diet	
Cert. R.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE W. P. O'Neil Asst P.M. Eng
M. D. or other
Address Dundalk Md Date signed 11-17-39

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 35

CERTIFICATE OF DEATH (18-a)

10733

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Freeland (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: #1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 85

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Freeland Rural. (If outside city or town limits, write RURAL and give town)
(d) Street No. #1 (If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Sallie Louisa Cooper.

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 3, 1854

8. **AGE:** Years 85 | Months 7 | Days 17. | If less than one day ____hr. ____min.

9. Birthplace Freeland, Md. (Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business Own Home.

FATHER
12. Name John Cooper.
13. Birthplace Md.

MOTHER
14. Maiden Name Alice Mary Mayer
15. Birthplace Md.

16 (a) Informant Mrs. Charles Cooper.
(b) Address New Freedom, Pa.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Nov. 22, 1939 (month) (day) (year)
(c) Cemetery or crematory Middletown
Location Freeland, Md. R.D.

18 (a) Funeral director Jacob Hertenstein
(b) Address New Freedom, Pa.

19 (a) Nov 21 1939 (Date rec'd by registrar) (b) Samuel L. Miller Registrar

MEDICAL CERTIFICATION

20. Date of death November 20 39 at 3:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 18 1939 to Nov. 17 1939, and that I last saw him alive on Nov. 17 1939.

	Duration
Immediate cause of death: Fracture Right Femur	2 Months
Due to: Fall	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 9-17-39
(c) Where did injury occur? At home (City or town) Balto (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? at home (Specify type of place) While at work? yes
(e) Means of injury Fall

23. Signature Louis Schetanoff M.D. (M. D. or other)
Address New Freedom, Pa. Date signed 11-20-39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH 10734

38

1. PLACE OF DEATH (23)

County Baltimore Registration Dist. No. 3698

Village or City Towson No. 414 E Penna-ana St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where deeth occurred 30 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Curtis

(a) Residence: No. 414 E. Penna. Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marion Curtis

6. DATE OF BIRTH (month, day, and year) June 20 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own home

10. Date deceased last worked at this occupation (month and yaar) 10-2-39

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Calvert Co. (State or country) Maryland

FATHER

13. NAME John Heyth

14. BIRTHPLACE (city or town) Calvert Co. Md. (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Calvert Co. Md. (State or country)

17. INFORMANT John Curtis (Address) 414 Penna ave Towson

18. BURIAL, CREMATION, OR REMOVAL Place Pleasant Rest, Towson Date Nov. 24, 1939

19. UNDERTAKER Mrs. George A. Leland (Address) 1634 Druid Hill Ave Balto Md

20. FILED 11/24, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 11 — 22 —, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attendad deceasad from 10 — 2 —, 1939, to 11 — 22 —, 1939

I last saw her aliva on 11 — 21 —, 1939; daath is said to have occurred on the date stated above, at 6:30 A m.

The PRINCIPAL CAUSE OF DEATH end ralated causes of Importanca ware as follows:

	Date of onset
Tubercular Pneumonia	9-28-39
Other Contributory Causes of Importance: Pulmonary T. B.	unknown

Name of operetion — Date of

What test confirmed diagnosis? Physical examination Was there an autopsy? No

23. If death was dua to external causes (VIOLENCE) fill in also the followtng:

Acctdent, suicide, or homicide? Oate of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, spacify

(Signed) Frank A. Saunders M. D.

(Address) 1029 N. Stricker St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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DEC 5 1927
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 95-E

Reg. Dist. No. 4

10735

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Sparrows Point (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 2605 Sparrows Point Rd.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) ~~Life~~ 38 years

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Sparrows Point (If outside city or town limits, write RURAL and give town)

(d) Street No. 2605 Sparrows Point Rd. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Elizabeth Dawson (widowed from George H. Rodgers)

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race white

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Walter E. Dawson

6. (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) June 13. 1886

8. AGE: Years 53 | Months 5 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace West Port Balto Co. Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business own home

FATHER
12. Name Thomas H. Duvall
13. Birthplace Washington D.C.

MOTHER
14. Maiden Name Mary Eliz Hadell
15. Birthplace Baltimore Md

16 (a) Informant Mary Eliz Duvall
(b) Address Carroll ave. Dundalk Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 17. 1939 (month) (day) (year)

(c) Cemetery or crematory Jessops Cem. Md

Location

18 (a) Funeral director Mamie Cook Lyfer

(b) Address 1600 W North Ave

19 (a) Nov 14. 39 (Date rec'd by registrar) (b) Dawson L. Harbor Registrar

MEDICAL CERTIFICATION

20. Date of death Nov. 14 1939, at 12 Noon M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1. 1939, to Nov. 14 1939, and that I last saw him alive on Nov. 11 1939:

Immediate cause of death	Duration
Pulmonary Edema	Sudden
Due to Anasarca	2 weeks
Due to Myocardial failure	6 mo
Hypertensive cardio vascular disease	2 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Louis N Collin Md (M. D. or other)

Address Sparrows Pt Date signed Md Nov. 14. 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 4 1930
BUREAU V. S.

Dr Flynn

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

10736

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Balto

~~City or~~ town: Catonsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Maple Ave

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 69 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Balto

~~City or~~ town: Catonsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Maple Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: NO

3. (a) FULL NAME: Frank Emil Deickman

3. (b) Social Security Number: NONE

4. Sex: Male

5. Color or race: White

6. (a) ~~Single, married~~, widowed, ~~or divorced~~: Widowed

6 (b) Name of ~~husband or~~ wife: Barbara L. Deickman

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 14th 1867

8. AGE: Years: 72 Months: 4 Days: 28 If less than one day: ____ hrs. ____ min.

9. Birthplace: Germany (Town, county, and state)

10. Usual occupation: Dealer

11. Industry or business: Produce

FATHER

12. Name: Ernest Deickman

13. Birthplace: Germany

MOTHER

14. Maiden name: Unknown

15. Birthplace: "

16. Informant: Leslie L. Deickman

Address: 714 Bartlett Ave

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: 11/15/39 (month) (day) (year)

Cemetery ~~or crematory~~: London Park

Location: Balto Md

18. Funeral director: William Cook

Address: 1217 St. Paul St.

19. 11/14 1939 (Date rec'd by registrar) [signature] Registrar Deputy Lund

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 12 1939, at 7P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1937, to November 1939, and that I last saw him alive on Nov. 1 1939.

Immediate cause of death: Coronary Thrombosis

Due to: Myocarditis, Hypertension

Due to: Arteriosclerosis

Other conditions:

(Include pregnancy within 3 months of death)

Major findings: —

Of operations: —

Of autopsy: —

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: [signature] Date of injury: [signature] Deputy Med Exam Balto Md

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work: —

23. SIGNATURE: Weinsberg Fort M. D. or other

Address: 202 E. Preston St. Date signed: 11/13/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 73-C

Reg. Dist. No. 40

10737

CERTIFICATE OF DEATH

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Carney (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Joppa Road

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Carney (If outside city or town limits, write RURAL and give town)

(d) Street No. Joppa Road (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Amanda Dent

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Henry Dent

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 7, 1848

8. AGE: Years 91 | Months 4 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace Balto. Co., Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Thomas Shanklin

13. Birthplace Balto. Co., Md.

MOTHER

14. Maiden Name Rachel Tucker

15. Birthplace Harford Co., Md.

16 (a) Informant Mrs. Rosie Fuller,

(b) Address Joppa Road, Carney, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 7, 1939 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Taylor Ave.

18 (a) Funeral director F. Lanahan & Son

(b) Address 7401 Belair Road.

19 (a) 11/5/39 (Date rec'd by registrar) (b) W. M. Hammett Registrar

MEDICAL CERTIFICATION

20. Date of death Nov. 4th 19 39 at 7:10A. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1st 19 39, to Nov. 19 39, and that I last saw him alive on October 16 19 39.

Immediate cause of death	Duration
Chronic Myocarditis	5 Months
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature C. W. Peake M.D. M. D. or other

Address 4508 Harford Rd Date signed 11-4-39

RECEIVED
DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)

CERTIFICATE OF DEATH

10738

Reg. Dist. No. 20

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 yr. 5 mos. 6 days

Stay in this community (yrs., or mos., or days): " " " " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1739 Jackson Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: John George Detzel

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): December 8, 1901

8. AGE: Years	Months	Days	If less than one day
37	10	28	hrs. min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: none

11. Industry or business:

FATHER 12. Name: George Detzel

13. Birthplace: Germany

MOTHER 14. Maiden name: Wilhelmina Augusta Kohlhoff

15. Birthplace: Maryland

16. Informant: Hospital records.

Address:

17. (Burial, cremation, or removal. Which?) Burial Date thereof (month) Nov. (day) 8th (year) 1939

Cemetery or crematory: Western Cem.

Location: Catonsville, Md.

18. Funeral director: E. Schloman & Son

Address: 1039 Hanover St.

19. (Date rec'd by registrar) 11/6/39 (Registrar) [signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 6, 1939, at 3:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 31, 1938, to November 6, 1939, and that I last saw him alive on November 6, 1939.

Immediate cause of death	DURATION
Pleurisy with effusion	2 days
Due to Chronic myocarditis before	1938
Due to Chronic interstitial nephritis before	1938
Other conditions Mental deficiency, imbecility low grade before	1938

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: As given above.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Serge Androp

Serge Androp, M.D. M. D. or other

Address: Spring Grove St. Hosp. Date signed: 11/6/39

RECEIVED
NOV 8 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10739

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 35

Village or City Monkton No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katherine VonEsch Dorsey Veteran, specify WAR

(a) Residence: No. Monkton St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard E. Dorsey

6. DATE OF BIRTH (month, day, and year) Sept 15 - 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md (State or country)

FATHER

13. NAME Conry VonEsch

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Margaret Sellers

16. BIRTHPLACE (city or town) Balto. Md. (State or country)

17. INFORMANT Mrs Gertrude B. Hunsley (Address) Monkton Md

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Nov 10 1939

19. UNDERTAKER J. W. Packard & Co (Address) Baltimore Md

20. FILED Nov 9, 1939 M. Bortner D Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. 8, 1939 (Month) (Dey) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1936, to Nov. 8, 1939

I last saw her alive on Nov. 8, 1939; death is said to have occurred on the date stated above, at 6 00 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary occlusion	11/8/39
Other Contributory Causes of importance: Arterio sclerosis	
Hypertension	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Natura of Injury

24. Was disease or injury in any wey related to occupation of deceased? No

If so, specify

(Signed) A. Ly. Fraunce M. D.

(Address) Parkton, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED DEC 5 1928 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10740

1. PLACE OF DEATH (51-B)

County Baltimore Registration Dist. No. 32

Village or City Mr. Pikesville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 62 yrs. 4 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Duer If U. S. Veteran, specify WAR

(a) Residence: No. "Vaucluse" Naylors Lane, Pikesville St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Agnes Barton Duer

6. DATE OF BIRTH (month, day, and year) July 24 1877

7. AGE: Years 62 | Months 4 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Business Manager

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Wholesale Hardware

10. Date deceased last worked at this occupation (month and year) May '39

11. Total time (years) spent in this occupation 48

12. BIRTHPLACE (city or town) (State or country) Baltimore County

FATHER

13. NAME ~~John Due~~ A. Adgate Duer

14. BIRTHPLACE (city or town) (State or country) Baltimore City Md.

MOTHER

15. MAIDEN NAME Margaret Lewis Marshall

16. BIRTHPLACE (city or town) (State or country) Frederick County Virginia

17. INFORMANT (Address) C. Marshall Barton, Jr. Vaucluse, Pikesville, Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Druid Ridge Date Nov 29, 1939

19. UNDERTAKER (Address) Henry W. Jenkins & Sons Co. McCulloh & Orchard Sts.

20. FILED 11/28, 1939 E. E. Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. (Month) 27 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1939, to Nov 27, 1939

I last saw him alive on Nov 26, 1939; death is said to have occurred on the date stated above, at 9 30 pm.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Carcinoma of Bladder

Date of onset

Other Contributory Causes of importance:

Name of operation Erfolwong - Radium Treatment Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Walter A Barton M. D.

(Address) 1115 St Paul St

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED DEC 4 1928 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. Marietta Baetjer
1115 St Paul St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (205-g)

10741

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: Baltimore

County Sparrows Point Steel Works

City or town (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County Balto Co.

City or town Turner Station Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 104 Walnut Ave (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Faldon

3. (b) Social Security Number 217-01-0426

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	widower

6 (b) Name of husband or wife Georgiana Smith Falden

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 3 - 1885

8. AGE: Years	Months	Days	If less than one day
about 54 yrs	.8	8	____ hrs. ____ min.

9. Birthplace Virginia (Town, county, and state)

10. Usual occupation Lapor

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace Va.

MOTHER 14. Maiden name Bettie Lester

15. Birthplace Va.

16. Informant Anna Turner

Address 104 Walnut Ave

17. (Burial, cremation, or removal. Which?) Date thereof Nov-14-39 (month) (day) (year)

Cemetery or crematory Mt Calvary Cemetery

Location Balto.

18. Funeral director Archibald A Gaddis

Address 2101 McCulloh St.

19. 11/14/39 19 (Date rec'd by registrar) M M Carmine Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 11th 1939, at 2-45 PM

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from ____ 19__ to ____ 19__, and that I last saw h____ alive on ____ 19__~~

Immediate cause of death Accident run over by traveling Crane, both legs cut off below knee

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following; Nov 11-39

Accident, ~~suicide, or homicide~~ Accident Date of 2-45 PM.

Where did injury occur? Sparrows Point (City or town) (County) Md (State)

Injured at home, farm, industry, public place (where?) Steel Works

Means of injury run over on track Injured at work? yes

23. SIGNATURE W. T. O'Nyse Dept P.M. Ex M. D. or other

Address Pikesville Md Date signed 11-11-39

NOV 16 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10742

53-C

38

1. PLACE OF DEATH

County Balto Registration Dist. No.

Village or City Stoneleigh No. 6910 Copleigh Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Philip Leopold Charles Fischer If U. S. Veteran, specify WAR —

(a) Residence: No. 6910 Copleigh Road St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Fenner Walker

6. DATE OF BIRTH (month, day, and year) Mar 26 1902

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
39	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Salesman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Stoneleigh (State or country) Balto Co Md.

FATHER

13. NAME Philip L. C. Fischer

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Grace Brown

16. BIRTHPLACE (city or town) Balto Co (State or country) Md

17. INFORMANT Mrs Philip L. C. Fischer (Address) 6910 Copleigh Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Green Mount Date Nov 17, 1939

19. UNDERTAKER Henry W. Jenkins & Sons Co (Address) McCulloh & Orchard St.

20. FILED 11/16, 1939 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 15 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from January 1923, to November 15, 1939 I last saw him alive on November 14, 1939; death is said to have occurred on the date stated above, at 1-15 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Hemorrhage into central tumor	11/15/39 8:30 A.M.

Other Contributory Causes of importance:

Central tumor

Oligodendroglioma.

duration - 6 years.

Name of operation 2 operations - Univ. Hosp. Date of 4-1935

What test confirmed diagnosis? Operation & Autopsy Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wm. J. Fulton M. D.

(Address) 2211 St. Paul St. Balto. Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

10743

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
County: Baltimore
City or town: Towson - Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 508 Chesapeake ave
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 14 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Balto.
City or town: 508 Chesapeake ave Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Towson, Md
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Emma Griffin Fossett

3. (b) Social Security Number: —

4. Sex: Female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: widow
6 (b) Name of husband or wife: James E. Fossett
6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.): Mar 12 - 1855
8. AGE: Years 84 Months 8 Days 13 If less than one day ___ hrs. ___ min.
9. Birthplace: Baltimore City (Town, county, and state)
10. Usual occupation: —
11. Industry or business: —
FATHER 12. Name: John Lewis Gettier
13. Birthplace: Md
MOTHER 14. Maiden name: Barbara C. Wise
15. Birthplace: Frederick Co. Md
16. Informant: Miss Mildred Fossett
Address: 508 Chesapeake ave
17. Buried (Burial, cremation, or removal. Which?) Date thereof: Nov. 28-39 (month) (day) (year)
Cemetery or crematory: Greenmount ave
Location: North & Greenmt. Ave
18. Funeral director: P. Marklin Lee
Address: White Hall. Md
19. 11/30 (Date rec'd by registrar) 19 [illegible] Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 25th 1939, at 3:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 7th 1939, to Nov 25th 1939, and that I last saw her alive on Nov 24th 1939.

Immediate cause of death: Myocardial Insufficiency — DURATION: 3 weeks
Due to: Senility, Herpes Zoster, General Arteriosclerosis
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Daniel of St. Thos. Jenifer M. D. or other
Address: Towson, Md Date signed: Nov 25, 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1935
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

10744

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:

County: Baltimore

City or town: Near Arbutus
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Knecht & Benson ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 25 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Balto.

City or town: Near Arbutus Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Knecht & Benson ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Melissa Frederick

3. (b) Social Security Number

4. Sex: F

5. Color or race: W

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 13 1847

8. AGE: Years: 92 Months: 4 Days: 25 If less than one day ____ hrs. ____ min.

9. Birthplace: Md.
(Town, county, and state)

10. Usual occupation: House Hyper

11. Industry or business

FATHER
12. Name: Jesse A. Frederick
13. Birthplace: Md

MOTHER
14. Maiden name: Julia A. Elder
15. Birthplace: Md.

16. Informant: Mrs Geo. Kencek
Address: Arbutus Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 9 1939 (month) (day) (year)

Cemetery or crematory: Westly Chapel

Location: Freedom Md

18. Funeral director: Harry Weer
Address: Sykesville Md.

19. Nov 8 1939 (Date rec'd by registrar) Geo M Kieffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 7 1939, at 10-30 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1939, to Nov 7 1939, and that I last saw her alive on Nov 4 1939.

Immediate cause of death: Arteriosclerosis indefinite

Due to: Cardio vascular

Due to: renal disease indefinite

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Geo M Kieffer M. D. ~~or other~~

Address: 2470 West Bl. Date signed

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DEC 1 1960
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10745

82-a

1. PLACE OF DEATH

County Baltimore — Registration Dist. No. 30

Village or City Catonsville — No. 9 Arbutus Ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. 6 mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mabel S. Fuchs — If U.S. Veteran specify WAR ...

(a) Residence: No. 9 Arbutus Ave. St., Ward ...

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of John C. Fuchs

6. DATE OF BIRTH (month, day, and year) July 25, 1887.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. H. W.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Frederick Haas

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT John C. Fuchs, (Address) 9 Arbutus Ave. Catonsville, Md.

18. BURIAL, CREMATION, OR REMOVAL New Cumberland, Pa. Date 11/27/39.

19. UNDERTAKER Harry A. Little (Address) 4101 Edmondson Ave.

20. FILED 11/24/39 A. Cahughran Registrar

Deputy Local

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 23 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1939, to Nov. 23, 1939.

I last saw h.er alive on November 23, 1939; death is said to have occurred on the date stated above, at 6:50 a.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/20/39
Other **Contributory Causes** of Importance: Hypertension + Arteriosclerosis	1930

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Milsey K. Gallagher M. D.

(Address) Catonsville, Md.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED NOV 27 1928 BUREAU OF

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

10746

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 40

Village or City Kingsville No. Bel-Air Rd St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. 6 mos. 0 ds. How long in U.S. if of foreign birth? 94 yrs. 0 mos. 0 ds.

2. FULL NAME James Ambrose Garrety If U. S. Veteran, specify WAR NONE.

(a) Residence: No. Kingsville St. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Gilbert Garrety

6. DATE OF BIRTH (month, day, and year): April-7-1843

7. AGE: Years 96 | Months 7 | Days 2 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Galway Ireland

FATHER

13. NAME: James Garrety

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mary Manning

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Mrs F. P. Stewart (day Ltr) Kingsville Md.

18. BURIAL, CREMATION, OR REMOVAL Place: St. Stephens Md Date: Nov-11-39

19. UNDERTAKER (Address): Stewart Morrow Co. Balto. Md.

20. FILED 10/10/39 W M Hammett Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 9 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1939, to Nov. 9, 1939

I last saw him alive on November 7, 1939; death is said to have occurred on the date stated above, at 4:20 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arterio-sclerosis
Cardiac hypertrophy
senility

Date of onset

Other Contributory Causes of Importance:

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury —

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) H G Jones M. D.

(Address) 2818 St Paul St

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10747

Reg. Dist. No. 38

1. PLACE OF DEATH
County: Baltimore,
City or town: Towson,
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Presbyterian Home
Stay in hospital or inst. (yrs., or mos., or days): 4 yrs.
Stay in this community (yrs., or mos., or days): 4 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Baltimore
City or town: Towson, Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: ~~Presbyterian Home~~ 3822 Bowers Rd
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Henrietta Ray Gaw

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	single

6 (b) Name of husband or wife

6(c) If alive, give age ycare

7. Birth date of deceased (mo., day, yr.): Jan. 13, 1860

8. AGE:

Years	Months	Days	If less than one day
79	9	29	hrs. min.

9. Birthplace: unknown (Town, county, and state)

10. Usual occupation: retired

11. Industry or business

FATHER
12. Name: John Gaw
13. Birthplace: Ireland

MOTHER
14. Maiden name: Henrietta Ray
15. Birthplace: Wash. D. C.

16. Informant: Records of Presbyterian Home
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 14, 1939 (month) (day) (year)
Cemetery or crematory: Loudon Park Cemy.
Location: Fred. Ave. Balto. Md.

18. Funeral director: John O. Mitchell & Sons Inc.
Address: 1900 Eutaw Place

19. 11/13/39 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 12, 1939, at 10 PM

21. I CERTIFY that death occurred on the date above etated; that I attended deceased from Aug 1, 1939, to Nov 12 1939, and that I last saw her alive on Nov 12, 1939.

Immediate cause of death	DURATION
Apoplexy	aug. 39
Due to Arteriosclerosis &	
Due to Hypertension —	mos
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE M. D. or other
Address Towson - Md Date signed 11/13/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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DEC 5 1939
BUREAU V. S.

10748

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9 38

1. PLACE OF DEATH:

County: Baltimore

City or town: Eudowood Sanatorium, Towson, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): 10 yr. 4 mo. 6 days

Stay in this community (yrs., or mos., or days): Same.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: —

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 4707 Alhambra Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: Martin John Goldrick

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Anna Goldrick

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): March 11, 1877

8. AGE: Years: 62 Months: 7 Days: 26 If less than one day: hrs. min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: Office Clerk

11. Industry or business: Wholesale Clothing

FATHER
12. Name: Martin Goldrick
13. Birthplace: Ireland

MOTHER
14. Maiden name: Catherine Boyle
15. Birthplace: Ireland

16. Informant: Personal History-Hospital Records

Address: Eudowood Sanatorium, Towson, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 11/9/39 (month) (day) (year)

Cemetery or crematory: Cathedral

Location: Edmonston Avenue

18. Funeral director: Mary M. Niedefeld

Address: 22nd St. Greenmount Ave

19. 11/6 (Date rec'd by registrar) 19 [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November, 6 1939, at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1, 1929, to Nov. 6 1939, and that I last saw him alive on Nov 6, 1939.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: Jan 1928

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: W A Bridges M. D. or other

Address: Towson, Md. Date signed: 11-6-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 9 1939
BUREAU V. M.

10749

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 4

MARGIN RESERVED FOR BINDING — WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

[1] PLACE OF DEATH
County Baltimore

Village or City Edgemere (No.) Sycamore Ave St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

[2] FULL NAME PLUMMER C. GOODWIN

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
MALE	COLORED	WIDOWED

6 DATE OF BIRTH
2 (Month) 2 (Day), 1851 (Year)

7 AGE
88 yrs. — mos. — ds. If LESS than 1 day hrs. or min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work LABORER
(b) General nature of industry business, or establishment in which employed or (employer) STEEL

9 BIRTHPLACE (State or country) VIRGINIA

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (State or country) "
12 MAIDEN NAME OF MOTHER "
13 BIRTHPLACE OF MOTHER (State or Country) "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm Gilbert
(Address) Back River Neck Md

15 Filed NOV 16 1939 Damon J. Harbo Dy. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH NOVEMBER 13, 1939
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from DEC. 1935 to NOVEMBER 13, 1939, that I last saw him alive on NOVEMBER 12, 1939, and that death occurred on the date stated above, at 1.58 P. m.
The CAUSE OF DEATH * was as follows:

CHRONIC INTERSTITIAL NEPHRITIS

(Duration) 4 yrs. — mos. — ds.

Contributory Secondary

(Duration) yrs. mos. ds.

(Signed) Harry W. Rosenthal M. D.
Nov. 15 1939 (Address) Lynch Point, Md.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death 30 yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
John Wesley M.E. Ch.	11-16, 1939

20 UNDERTAKER Harold W. Chase & Son ADDRESS 628 N. Gilmor

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU V. S. DEC 4 1909

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

10750

CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Randallstown, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 3 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Randallstown, Ward Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Sarah Catherine Bosnell.

3. (b) Social Security Number No.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married.

6 (b) Name of husband ~~or wife~~ Beal Bosnell.
6(c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) June 21, 1861

8. AGE:

Years	Months	Days	If less than one day
78	4	27	hrs. min.

9. Birthplace Howard Co. Md.
(Town, county, and state)
10. Usual occupation Housework.
11. Industry or business
FATHER 12. Name Charles T. Mullinix
13. Birthplace Maryland.
MOTHER 14. Maiden name Polly Penn
15. Birthplace Maryland.
16. Informant Mr. Beal Bosnell.
Address Randallstown, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 21, 1939. (month) (day) (year)
Cemetery or crematory Howard Chapel
Location Long Corner Howard Co. Md.
18. Funeral director C. M. Waltz
Address Westfield. Md.
19. Nov 20 1939 (Date rec'd by registrar) Wm. E. Martin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 18, 1939, at 5:05 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1936, to Nov 18 1939, and that I last saw h[illegible] alive on Nov 18 1939.

Immediate cause of death	DURATION
Cerebral hemorrhage	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Wm. E. Martin, M.D.
M. D. or other
Address Randallstown Md. Date signed 11/20/39

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BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10751

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:

County Baltimore

City or town Dundalk, P. O.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Baltimore

City or town Dundalk, P. O. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Oriole Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Alford Guensfelder

3. (b) Social Security Number

4. Sex male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28 - 1912

8. AGE: Years 27 Months 4 Days 19 If less than one day hrs. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Richard Guensfelder
13. Birthplace Balto. Md.

MOTHER
14. Maiden name Matilda Holt
15. Birthplace Balto. Md.

16. Informant Mrs. Matilda Dorbert

Address Oriole Ave. Dundalk

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Nov. 21 - 39
(month) (day) (year)

Cemetery or crematory Mt. Carmel

Location O'Donnell St.

18. Funeral director John G. Connelly

Address Essex Md.

19. 11-21-39 19 John G. Connelly
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 17 1939 at 10:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 14 1939, to Nov 17 1939, and that I last saw him alive on Nov 16 1939.

Immediate cause of death Pulmonary hemorrhage — DURATION 2 days

Due to Pulmonary tuberculosis — 2 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George H. [illegible] MD
M. D. or other

Address Essex, Md. Date signed 11/18/39

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

10752

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Towson
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 205 Aigburth Road
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 28 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Towson Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 205 Aigburth Road
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Leila May Burgess Haffelfinger

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife: William B. Haffelfinger
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): August 29, 1859

8. AGE:

Years	Months	Days	If less than one day
80	2	13	hrs. min.

9. Birthplace: Pennsylvania
(Town, county, and state)

10. Usual occupation: housewife -- retired

11. Industry or business:

FATHER
12. Name: William Burgess
13. Birthplace: Pa.

MOTHER
14. Maiden name: Margaret Newman
15. Birthplace: Md.

16. Informant: Nancy B. Smock (Mrs.)
Address: 205 Aigburth Road

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 14, 1939 (month) (day) (year)
Cemetery or crematory: Cedar Grove
Location: Chambersburg, Pa.

18. Funeral director: John O. Mitchell Sons Inc.
Address: 1900 Eutaw Place, Baltimore, Md.

19. 11/13/39 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 11th 1939, at 8:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 30th 1939, to Nov 11th 1939 and that I last saw h alive on Nov 10th 1939

Immediate cause of death	DURATION
Myocardial Insufficiency	
Due to Senility	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Daniel of St. Thos. Jenifer M.D.
M. D. or other
Address: 111 Allegheny Ave., Towson Date signed:

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DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

10753

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
County Baltimore
City or town Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
104 Melvin Avenue
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 20 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Catonsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 104 Melvin Avenue
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Irvine George Hart

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Eliza Wilkinson
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 12, 1882

8. AGE:

Years	Months	Days	If less than one day
57	7	14	hrs. min.

9. Birthplace New Orleans, La.
(Town, county, and state)
10. Usual occupation Sales Mgr. (retired) Butler Bros.
11. Industry or business Wholesale Textiles

FATHER
12. Name Irvin J. Hart
13. Birthplace unk

MOTHER
14. Maiden name Aurora Anderson
15. Birthplace unk

16. Informant Mrs. Nellie B. Hart
Address 104 Melvin Ave., Catonsville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 28, 1939 (month) (day) (year)
Cemetery ***** New Cathedral
Location Edmondson Avenue, Baltimore, Md.

18. Funeral director John D. Mitchell & Sons
Address 1900 Eutaw Place, Baltimore, Md.

19. 11/28 (Date rec'd by registrar) 1939 Registrar
Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 26 39, at 12 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1936, to November 26 39, and that I last saw him alive on November 25 1939

Immediate cause of death	DURATION
Left Hemiplegia	-
Cerebral Apoplexy	
Due to Hypertension	3 yrs.
Due to Arterio-sclerosis	?
Other conditions Former Cerebral Apoplexy with Hemiplegia - 1936	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Wm Norris Jr. M. D. or other
Address 20 E. Preston St., Balto. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 2 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10754

(131)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 40

Village or City Raspeburg No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Heller

(a) Residence: No. 4516 Kenwood Ave St. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: John Heller

6. DATE OF BIRTH (month, day, and year): Mar. 18-1869

7. AGE: Years 70 | Months 7 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Adam Henss

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Elizabeth Goetz

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Vernon Heller 4516 Kenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL Place: Parkwood Cem. Date: Nov. 20, 1939

19. UNDERTAKER (Address): John A. Miller 2334 Jefferson St.

20. FILED: 11/18, 1939 Mrs. G. A. Fritz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 16 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1939, to Nov. 16, 1939

I last saw her alive on Nov. 16, 1939; death is said to have occurred on the date stated above, at 2:20 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	unknown
Chronic Myocarditis	unknown

Other Contributory Causes of importance:

Arteriosclerosis	unknown

Name of operation — Date of —

What test confirmed diagnosis? urine analysis Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John W. Machen M. D.

(Address) 6304 Belair Road Baltimore.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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DEC 1 1928
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

HEALTH DEPARTMENT—~~CITY OF~~ BALTIMORE County

10755

CERTIFICATE OF DEATH (131)

1. PLACE OF DEATH

Registered No. 38

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

~~CITY OF~~ county BALTIMORE: (No. 202 Dunkirk Road St. Ward) Rogers Forge.

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Anna Augusta Hennegan. If U.S. Veteran specify WAR

(a) Residence: No. 202 Dunkirk Road Ward.
(Usual place of abode) Rogers Forge (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of August Hennegan

6. DATE OF BIRTH (month, day, year)

7. AGE Years: Abt. 77 | Months | Days | If LESS than 1 day,.....hrs. or.....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER
13. NAME Owen Ryan
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Mary Lyon
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Alice Hennegan
(Address) 202 Dunkirk Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date 11/10 1939

19. UNDERTAKER John J. Fahey & Son
(Address) 1310 [illegible]

20. FILED 11/9 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November 7, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from March 1935 19 November 7, 1939 19

I last saw her alive on Nov. 7, 1939 19 Death is said to have occurred on the date stated above, at 4.10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Generalized arteriosclerosis.	Not known
Chronic Nephritis	

Other contributory causes of importance:

Uremic Coma	Nov. 2, 1939

Was an operation performed? no Date of

For what disease or injury?

Physical & Laboratory exams

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO. If so, specify

(Signed) J. Edward Norris M. D.
(Address) 107 East west street
Baltimore city.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
DEC 6 1927
U.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (95-E)

Reg. Dist. No. 43

10756

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Raspeburg (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 4413 Glenmore Ave.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 66 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Raspeburg (If outside city or town limits, write RURAL and give town)

(d) Street No. 4413 Glenmore Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? 66 yrs. years

3 (a) FULL NAME Mary Katherine Hesse

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex female

5. Color or race white

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife William Hesse

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 16, 1860

8. AGE: Years 79 Months 2 Days 9 If less than one day ____ hr. ____ min.

9. Birthplace Germany (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At home

FATHER

12. Name George Miller

13. Birthplace Germany

MOTHER

14. Maiden Name Mary (Unknown)

15. Birthplace Germany

16 (a) Informant Mrs. John Lawless

(b) Address 4413 Glenmore Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-27-39 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Baltimore Maryland

18 (a) Funeral director F. B. Wippert & Son

(b) Address 1300 Eastern Place

19 (a) 11/27/39 (Date rec'd by registrar) (b) Mrs. F. A. Fitz Registrar

MEDICAL CERTIFICATION

20. Date of death Nov. 25, 1939, at 1:45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 20, 1939, to Nov. 25, 1939, and that I last saw her alive on Nov. 1939.

Immediate cause of death	Duration
Cardiac Insufficiency	3 days
Bronchitis	2 weeks
Due to	
Due to	
Other conditions Arteriosclerosis & Cardiac Hypertrophy - 8 yrs. (Include pregnancy within 3 months of death)	Many yrs.

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A. L. Wilkinson

A. L. Wilkinson, M.D. M.D. or other

Address 5713 Bel Air Rd. Date signed 11-25-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 1 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH 10757

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH (82-a)

County Balto. Registration Dist. No. 31

Village or City Pikesville No. Campfield Road St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Louise Holtgreve If U. S. Veteran, specify WAR

(a) Residence: No. Augsburg Home St., Ward. 1917 Riggs Ave. Baltimore
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Fem	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 11 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Germany.
(State or country)

FATHER

13. NAME Heinrich Holtgreve

14. BIRTHPLACE (city or town) Germany.
(State or country)

MOTHER

15. MAIDEN NAME Not Known.

16. BIRTHPLACE (city or town) Germany.
(State or country)

17. INFORMANT Augsburg Home Rzeuse
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Pauls. (Violetville) Date Nov 27th, 1939

19. UNDERTAKER Mrs. Chas A. G Rohde
(Address) 2324 Edmondson Ave

20. FILED Nov 26, 1939 J J Miller Duel
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov 25th, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24th, 1939, to Nov. 25th, 1939.
I last saw her alive on Nov. 24th, 1939; death is said to have occurred on the date stated above, at 1.30 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
1) - Cerebral Hemorrhage	1 day.
Other Contributory Causes of importance:	
2) - Acute Cardiac failure with pulmonary odema	12 hrs.

Name of operation — None Date of

What test confirmed diagnosis? — None Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Earl L. Thompson M. D.

(Address) 410 E. Liberty Sts - Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED JAN 9 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10758

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 5 months, 4 days

Stay in this community (yrs., or mos., or days): 5 months, 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Prince George

City or town: Waldorf, Maryland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. R.R. #1
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Robert Lincoln Hughes

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Harriet

6(c) If alive, give age: unk. years

7. Birth date of deceased (mo., day, yr.): July 12, 1865

8. AGE: Years	Months	Days	If less than one day
74	4	5	hrs. min.

9. Birthplace: Oshkosh, Wisconsin
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER — 12. Name: Griffith Hughes

13. Birthplace: Wales

MOTHER — 14. Maiden name: Eleanor Griffith

15. Birthplace: Wales

16. Informant: Hospital Records

Address

17. Burial, cremation, or removal, Which? Burial Date thereof (month) (day) (year) 11-20-39

Cemetery or crematory: Arlington Nat'l Cem.

Location: Washington D.C.

18. Funeral director: W. M. Chambers Co.

Address: 1405 - Choken St. N.W. Washington D.C.

19. (Date rec'd by registrar) 11/17/39 Registrar: [signature] Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 17, 1939, at 2:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 13, 1939, to November 17, 1939, and that I last saw him alive on November 17, 1939.

Immediate cause of death	DURATION
Chronic myocarditis	Before 1939
Due to: Chronic endocarditis with aortic insufficiency	Before 1939
Due to: Generalized arteriosclerosis	Before 1939
Other conditions: Senile psychosis	Before 1939

(Include pregnancy within 3 months of death)

Major findings:
Of operations: No

Of autopsy: As given above

PHYSICIAN — Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of

Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

20. (c) SIGNATURE: Serge Androp M. D. or other

Address: Spring Grove Hospital Date signed: 11/17/39

RECEIVED
DEC 2 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10759

1. PLACE OF DEATH (92a)

County Baltimore Registration Dist. No. 35

Village or City Wiseburg No. York Rd St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah J. Hunter If U. S. Veteran, specify WAR

(a) Residence: No. York Rd Wiseburg Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sidney W. Hunter

6. DATE OF BIRTH (month, day, and year) Nov 1 1860

7. AGE Years 79 Months Days 23 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm Henderson

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME Cornelia L Buck

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Maurice Hunter Wiseburg Md

18. BURIAL, CREMATION, OR REMOVAL Place Ilmasham Pa. Date 11/25, 1939

19. UNDERTAKER (Address) Fran. A. Thiley Catonsville Md

20. FILED Nov. 25, 1939 Milner Bortner, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. (Month) 24 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1939, to Nov. 24, 1939.

I last saw her alive on Nov. 23, 1939; death is said to have occurred on the date stated above, at 9 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	

Other Contributory Causes of importance:

Arteriosclerosis.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. L. Yagle M. D.

(Address) New Freedom, Pa.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (124C)

10760

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:

County Baltimore

City or town Dundalk Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 6905 Homeway

Stay in hospital or inst. (yrs., or mos., or days) no

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State _____ County _____

City or town _____ Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)

Street No. _____
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME James Ernest Jester

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Bessie Viola Jester

6(c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) July 8th 1887

8. AGE:

Years	Months	Days	If less than one day
52	4	22	hrs.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual occupation Electrician

11. Industry or business Bethlehem Steel Co

FATHER
12. Name James A Jester
13. Birthplace Talbot Co Md

MOTHER
14. Maiden name Ida V Jubb
15. Birthplace AA Co. Md

16. Informant Mrs Bessie V Jester

Address 6905 Homeway Dundalk Md

17. (Burial, cremation, or removal. Which?) Date thereof 12/4/39 (month) (day) (year)

Cemetery or crematory Western

Location Baltimore Md

18. Funeral director William Cook

Address 1217 St Paul St

19. 11/30 19 39 (Date rec'd by registrar) Milton M Smulson Deputy Local Registrar

Social security #212-03-1926

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/30/39 19 ____, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/25/39 19 ____, to 11/30/39 19 ____, and that I last saw him alive on 11/30/39 19 ____.

Immediate cause of death Gastric Hemorrhage

Due to

Due to

Other conditions Chronic Alcoholism

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE Samuel Rubin MD. M. D. or other

Address 203 Catalpa Ave Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 1 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31)

CERTIFICATE OF DEATH

10761

Reg. Dist. No.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Catonsville Md State Hosp

Stay in hospital or inst. (yrs., or mos., or days): 20 days

Stay in this community (yrs., or mos., or days): 30 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Balto city

City or town: Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 410 E Cross St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Ella Joyner

3. (b) Social Security Number:

4. Sex: female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Raymond Joyner

6(c) If alive, give age: 56 years

7. Birth date of deceased (mo., day, yr.): Sept. 21 1882

8. AGE: Years: 57 Months: 1 Days: 16 If less than one day: hrs. min.

9. Birthplace: Silver Run Md (Town, county, and state)

10. Usual occupation: Home

11. Industry or business:

FATHER 12. Name: Charles E. Baumgardner

13. Birthplace: England

MOTHER 14. Maiden name: Sarah Lohr

15. Birthplace: Penn

16. Informant: Hospital Records Address: State Hosp Catonsville

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 9 1939 (month) (day) (year)

Cemetery or crematory: Loudon Park

Location: 3801 Frederick Ave - Balto.

18. Funeral director: G. Howard Strong

Address: 715 Light St

19. 11/6/39 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 6 1939, at 2:00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__

Immediate cause of death	DURATION
Cerebral Thrombosis	1 day
Due to Senility	
Cardio vascular renal disease	
Due to Diabetes Mellitus Intoxication	indef
Other conditions	indef

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Deputy Chas McKieffer M.D. Edgar Co M. D. or other

Address: 1010 Leadenhall Date signed: Nov 6 39

RECEIVED
NOV 8 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10762

Reg. Dist. No. 40

1. PLACE OF DEATH:
County Balto.
City or town Kingsville Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 20 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto.
City or town Kingsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Kingsville
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ida A. Kail

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	Married

6 (b) Name of husband or wife John F. Kail
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 30 - 1878

8. AGE:

Years	Months	Days	If less than one day
61	5	7	____ hrs. ____ min.

9. Birthplace Germany
(Town, county and state)
10. Usual occupation
11. Industry or business House Wife
FATHER 12. Name John F. Steiner
13. Birthplace Germany
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown
16. Informant W. Mrs. Kail
Address Kingsville Md.
17. Burial Date thereof Nov. 8-1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Holy Redeemer
Location Bel Air Rd. Balto Md.
18. Funeral director Clarence E. Arthur
Address Fork Md.
19. 11/7/39 W. M. Hammett
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 6 1939, at 7 30 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Nov. 6 1939 to ____ 19____
and that I last saw her alive on Nov. 6 1939

Immediate cause of death	DURATION
Coronary Thrombosis	45 Minutes
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Clifford F. Hudson M. D. or other
Address Fork Md. Date signed 11/6/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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NOV 22 1939
REAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10763

1. PLACE OF DEATH (94E)

County Baltimore Registration Dist. No. 44

Village or City Rosedale No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U.S. if of foreign birth? 51 yrs. mos. ds.

2. FULL NAME Anna M. Kaspar

(a) Residence: No. Rosedale & Elmhurst Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank J. Kaspar

6. DATE OF BIRTH (month, day, and year) March 30, 1866

7. AGE Years 73 Months 7 Days 21 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Matthew Balat

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT (Address) Frank J. Kaspar

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Nov 24, 1939

19. UNDERTAKER (Address) Frank Crach & Son 1906 Oakland Ave

20. FILED 11/22/39, 19 John B. Connelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. 21, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from Nov 5, 1939 to Nov 21, 1939

I last saw h. alive on 11/21/39, 19; death is said to have occurred on the date stated above, at 4:15 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov.
General Arteriosclerosis	11
Coronary Disease	79

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Finding Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If se, specify

(Signed) [illegible] M. D.

(Address) [illegible]

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (94?) Reg. Dist. No. 44

CERTIFICATE OF DEATH

10764

1. PLACE OF DEATH:
(a) County of Baltimore
(b) City or town Fort Howard, Maryland (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Kirk

3 (b) If veteran, name war	3 (c) Social Security No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
World War	None	Male	White	Married

6 (b) Name of husband or wife Marie Kirk
6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5,1887

8. AGE: Years	Months	Days	If less than one day
52	5	6	hr. min.

9. Birthplace Chelsea, Mass. (Town, county, and state)
10. Usual occupation Soldier, U.S.Army
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Headquarters Co.,12th Inf.
(b) Address Fort Howard, Maryland

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 12/39 (month) (day) (year)
(c) Cemetery or crematory
Location Washington, DC

18 (a) Funeral director Sol Levinson & Bro
(b) Address 1126 W.North Ave., Baltimore Md

19 (a) NOV.12.'39 (Date rec'd by registrar) (b) Lawrence Harper Registrar

MEDICAL CERTIFICATION

20. Dste of death November 11 19 39 at 10:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw him alive on 19 .

Immediate cause of death Arterial sclerosis, coronary, severe, with occulsion of both coronary arteries- cause undetermined. — Duration
Due to Arterial sclerosis, moderately severe, generalized.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. G. JENKINS, Lt.Col., M.C. M. D. or other
Address Fort Howard, Md. Date signed 11/11/39

Copy mailed to The Bureau of Census, Washington, D.C.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83)

CERTIFICATE OF DEATH

10765

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 14 days

Stay in this community (yrs., or mos., or days): 14 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 3619 Belvedere Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Vincent Kramer

3. (b) Social Security Number: None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Ruth Quigg

6(c) If alive, give age: 37 years

7. Birth date of deceased (mo., day, yr.): July 29, 1888

8. AGE: Years	Months	Days	If less than one day
51	3	9	____ hrs. ____ min.

9. Birthplace: Austria
(Town, county, and state)

10. Usual occupation: Waiter

11. Industry or business: Hotel and restaurant

FATHER
12. Name: Gregory Ritter
13. Birthplace: Austria

MOTHER
14. Maiden name: Catherine ?
15. Birthplace: Europe

16. Informant: Hospital Records
Address:

17. Burial [redacted] Date thereof 11-9-39
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: To Clifton Virginia

Location: Clifton Virginia

18. Funeral director: C. D. Nippert & Sons

Address: 1300 Eastern Ave

19. 11/8 1939 H. C. Sanderson
(Date rec'd by registrar) Registrar

39 Quigley Lucas

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 8, 1939, at 6:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 25, 1939 to November 8, 1939, and that I last saw him alive on November 8, 1939.

Immediate cause of death	DURATION
Broncho-pneumonia (both lungs)	2 days
Due to	
Due to	
Other conditions: General paralysis of the insane Before 1939	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of:

Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): No

Means of injury: Injured at work?

22. SIGNATURE: Robert E. Gardner M.D.
M. D. or other

Address: Spring Grove Hospital Date signed: 11/8/39

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DEC 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10766

CERTIFICATE OF DEATH

Reg. Dist. No. 47

1. PLACE OF DEATH:
County: Baltimore County
City or town: Stemmers Run
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Stemmers Run, Md.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 6 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Baltimore
City or town: Stemmers Run Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Wanda Rose Langner

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W.	Married

6 (b) Name of husband or wife: L. Bernard Langner
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 22, 1861

8. AGE: Years	Months	Days	If less than one day
78	4	7	hrs. min.

9. Birthplace: Germany (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace

MOTHER
14. Maiden name: Unknown
15. Birthplace

16. Informant: Mrs. Frederick V. Mowell
Address: Stemmers Run, Balto Co. Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/1/39 (month) (day) (year)
Cemetery or crematory: Baltimore Cemetery
Location: E. North Ave - Baltimore, Md.

18. Funeral director: Walter Brooks Bradley
Address: 1922 W. North Ave.

19. Rec. 3 C 1939 (Date rec'd by registrar) John D. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 29 1939, at 11 01 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 1939, to November 1939, and that I last saw her alive on November 29 1939.

Immediate cause of death	DURATION
Pulmonary Edema	1 day
Due to Cardiac Decompensation	1 yr.
Due to Arteriosclerotic cardio-vascular Disease	Years
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Roger F. Dixon M.D.
M. D. or other
Address: Towson, Md. Date signed 11/28/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

10767

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 149 Sanford Ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 1 yr 5 mo.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State County

City or town Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Frederick Lauzon LAUZON

3. (b) Social Security Number 215-09-1452

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Virginia M. Lauzon

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 14, 1877

8. AGE: Years 61 Months 11 Days 13 If less than one day hrs. min.

9. Birthplace Wauregon Conn. (Town, county, and state)

10. Usual occupation Farman

11. Industry or business Balto Brass Co.

FATHER 12. Name Everest Lauzon

13. Birthplace Canada

MOTHER 14. Maiden name Olympe Metivier

15. Birthplace Canada

16. Informant Mrs. Virginia M. Lauzon

Address 149 Sanford Ave. Catonsville

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 1, 1939 (month) (day) (year)

Cemetery or crematory Loudon Park

Location Baltimore, Md.

18. Funeral director Easton Sons

Address Ellicott City

19. 11/30 1939 (Date rec'd by registrar) [signature] Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 27 1939, at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 6 1939, to Nov 27 1939, and that I last saw him alive on Nov 27 1939.

Immediate cause of death Coronary Thrombosis — DURATION 2 days

Due to Pulmonary Tuberculosis — 2 yrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James E. Howell M. D. or other

Address Catonsville Date signed 11/29/39

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DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10768

Reg. Dist. No. 9

1. PLACE OF DEATH:
County Baltimore
City or town Eudowood Sanatorium, Towson, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) Since Nov. 4, 1939
Stay in this community (yrs., or mos., or days) Since Nov. 4, 1939

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 614 Glenoldene Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Harry Oather Link
3. (b) Social Security Number

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Louisa Link
6(c) If alive, give age 52 years
7. Birth date of deceased (mo., day, yr.) August 22, 1883
8. AGE: Years 56 Months 3 Days 7 If less than one day ___ hrs. ___ min.
9. Birthplace Virginia (Town, county, and state)
10. Usual occupation Mechanical equipment
11. Industry or business Salesman - agency
FATHER 12. Name Jasper Link
13. Birthplace Virginia
MOTHER 14. Maiden name Catherine Spiegle
15. Birthplace Virginia
16. Informant Personal History-Hospital Records
Address Eudowood Sanatorium, Towson, Md.
17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 12/2/39 (month) (day) (year)
Cemetery ~~or crematory~~ London Park
Location Balto Md
18. Funeral director William Cook
Address 1217 St. Paul St
19. Dec 1st 39 (Date rec'd by registrar) W. Carroll Tanstrom Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 29 1939, at 7.30 PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 4 1939, to November 29 1939, and that I last saw him alive on November 29 1939.
Immediate cause of death Pulmonary tuberculosis — DURATION Since Sept 1938
Due to Tuberculosis infection
Due to
Other conditions Tuberculous laryngitis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W A Bridges M. D. or other
Address Towson, Md. Date signed 11-29-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 12 1939
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (47-C)

CERTIFICATE OF DEATH

10769

Reg. Dist. No. 9 2

1. PLACE OF DEATH:

County Baltimore

City or town Eudowood Sanatorium, Towson, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) 1 mo 9 days

Stay in this community (yrs., or mos., or days) Same.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Towson. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Josephine Sorden.

3. (b) Social Security Number Zero.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married.

6 (b) Name of husband or wife Harry C Sorden

6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) November 23, 1896

8. AGE: Years	Months	Days	If less than one day
43	0	1	hrs. min.

9. Birthplace Maryland.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home.

FATHER 12. Name Frederick Schmidt

FATHER 13. Birthplace Germany

MOTHER 14. Maiden name Eva Koster

MOTHER 15. Birthplace Germany.

16. Informant Personal History-Hospital Records

Address Eudowood Sanatorium, Towson, Md.

17. (Burial, cremation, or removal. Which?) Date thereof 11-27-39 (month) (day) (year)

Cemetery or crematory Pinewood

Location Baltimore

18. Funeral director Leonard J Burk

Address 5300 Harford Road

19. 11/24 19 [illegible] Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH November 24 1939, at 9:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 15 1939 to November 24 1939

and that I last saw her alive on November 24 1939

Immediate cause of death Carcinoma of Breast

CURATION: November 1938

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W A Bridges M. D. or other

Address Towson, Md. Date signed 11-24-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
NOV 27 1939
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10770

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 97 days

Stay in this community (yrs., or mos., or days): 97 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 877 Lemon Street

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: William Lopinski

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife: Annie Lopinski

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): February 7, 1885

8. AGE: Years	Months	Days	If less than one day
54	9	16	hrs. min.

9. Birthplace: Pennsylvania (Town, county, and state)

10. Usual occupation: Brakeman

11. Industry or business:

FATHER 12. Name: [illegible]

13. Birthplace:

MOTHER 14. Maiden name: Lecelia [illegible]

15. Birthplace: [illegible]

16. Informant: Hospital Records

Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-27-39 (month) (day) (year)

Cemetery or crematory: London Park

Location: Balto Md.

18. Funeral director: Wm Loob

Address: 1217 St Paul St

19. 11/29 (Date rec'd by registrar) 1939 [signature] Registrar

Deputy Local.

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 23, 1939, at 6:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 18, 1939, to November 23, 1939, and that I last saw him alive on November 23, 1939.

Immediate cause of death	DURATION
Chronic myocarditis before August,	1939
Due to	
Due to	
Other conditions: General Paralysis of the Insane	Before 1939

(Include pregnancy within 3 months of death)

Major findings:

Of operations: No

Of autopsy: No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Robert E. Gardner M.D.

M. D. or other

Address: Spring Grove Hospital Date signed: 11/24/39

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 82-a

CERTIFICATE OF DEATH

10771

Reg. Dist. No. 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: North Branch Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Liberty Road

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 1 year

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: North Branch Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Liberty Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: August C. Luers

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Emma J. Luers

6(c) If alive, give age: 80 years

7. Birth date of deceased (mo., day, yr.): October 7, 1856

8. AGE: Years	Months	Days	If less than one day
83	1	5	hrs. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual occupation: Retired Bldg. Inspector Balto. City

11. Industry or business:

FATHER
12. Name: Peter A. Luers
13. Birthplace: Germany

MOTHER
14. Maiden name: Not Known
15. Birthplace: Not Known

16. Informant: Mrs. Emma J. Luers
Address: North Branch, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 15, 1939 (month) (day) (year)

Cemetery or crematory: Holy Family
Harrisonville, Md.

Location:

18. Funeral director: G. Howard Strong
Address: 715 Light St.,

19. Nov 13 1939 (Date rec'd by registrar) Wm E Martin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 12, 1939, at 9.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1938, to Nov 12 1939, and that I last saw him alive on Nov 9 1939.

Immediate cause of death: Cerebral hemorrhage

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Wm. E. Martin M.D.
M. D. or other

Address: Randallstown, Md. Date signed 11/13/39

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DEC 4 1939
BUREAU V. S.

(1)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M)

(T)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10772

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:

County 720 "F" St. (Balto.)

City or town Sparrows Pt.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Balto.

City or town Sparrows Point Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 720 "F" Street

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Francis Jerome Mahan

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 20th 1911

8. AGE: Years 28 Months 6 Days 27 If less than one day hrs. min.

9. Birthplace Sparrows Point Md.

(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER

12. Name Patrick Mahan

13. Birthplace Scranton, Pa.

MOTHER

14. Maiden name Rose Thompson

15. Birthplace Glencoe, Balto Co.

16. Informant Parents

Address 720 "F" St. Sparrows Pt.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 20-39 (month) (day) (year)

Cemetery or crematory Oak Lawn

Location Eastern Ave. Rd.

18. Funeral director John G. Connelly

Address Essex Md.

19 Nov. 18 1939 (Date rec'd by registrar) Dawson L. Harbor Dep. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17 1939, at 3:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 30 1939, to Nov. 17 1939, and that I last saw him alive on Nov. 12 1939.

Immediate cause of death Pulmonary tuberculosis — DURATION one yr.

Due to Pulmonary hemorrhage — one mo

Due to

Other conditions None

(Include pregnancy within 3 months of death)

Major findings: —

Of operations

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dawson L. Harbor M. D. or other

Address Sparrows Point, Md. Date signed 11/18/39

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10773

1. PLACE OF DEATH

County Baltimore — Registration Dist. No. 30

Village or City Catonsville — No. Opitz Home St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where deeth occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Theodore William Marshall — If U. S. Veteran, specify WAR ____

(a) Residence: No. 2720 St. Paul Street St., Ward ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca G. Marshall

6. DATE OF BIRTH (month, day, end yeer)

7. AGE Years	Months	Deys	If LESS then 1 dey, ____ hrs. or ____ min.
About 83			

OCCUPATION

8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Insurance Broker

9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. Retired

10. Dete deceesed lest worked at this occupation (month end year) ____

11. Total time (yeers) spent in this occupation ____

12. BIRTHPLACE (city or town) Baltimore

(Stete or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) "

(Stete or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "

(Stete or country)

17. INFORMANT Mr. Moreau F. Frush

(Address) 1614 W. North Avenue

18. BURIAL, CREMATION, OR REMOVAL

Piece Burial Greenmount Dete Nov. 6th, 1939

19. UNDERTAKER Wm. J. Tickner & Sons,

(Address) North & Pennsylvania Avenues

20. FILED 11/7, 1939 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November 4, 1939

(Month) (Oey) (Yeer)

22. I HEREBY CERTIFY, That I attended deceesed from June 10, 1939, to Nov 4, 1939

I last saw h. alive on Nov 4, 1939; deeth is seid to heve occurred on the date stated above, et 6:30 A. m.

The **PRINCIPAL CAUSE OF DEATH** end related ceuses of importance were es follows:

	Date of onset
Chr. Myocar Dilts —	3 mos

Other **Contributory Causes** of Importance:

Arterio Sclerosis	6 yrs

Neme of operetion None Dete of ____

Whet test confirmed diegnosis? Clinical Wes there en autopsy? No

23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury ____

Neture of injury ____

24. Wes diseese or injury in any way related to occupetion of deceased? No

If so, specify ____

(Signed) James Hitchcock M. D.

(Address) Catonsville

If more than one funeral, give Date Registered. 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. (T)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. James Howell

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 46-7

Reg. Dist. No. 35

10774

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Freeland #1 (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 38 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Freeland Rural (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice Ann Margarett Masemore.

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife James Masemore

6. (c) If alive, give age 85 years

7. Birth date of deceased (mo., day, yr.) December 22, 1864

8. AGE: Years 74 Months 10 Days 28 If less than one day hr. min.

9. Birthplace York Co., Penna. (Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business Own Home

FATHER 12. Name Cornelius Smith

13. Birthplace York Co., Pa.

MOTHER 14. Maiden Name Catherine Myers

15. Birthplace York Co., Pa.

16 (a) Informant Mr. Chester Masemore

(b) Address Hampstead, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 22 1939 (month) (day) (year)

(c) Cemetery or crematory Stone Church Cemetery

Location Glenville Pa.

18 (a) Funeral director J. Jacob Hartenstein

(b) Address New Freedom, Pa.

19 (a) Nov 21 1939 (Date rec'd by registrar) (b) Samuel S. Miller Registrar

MEDICAL CERTIFICATION

20. Date of death November 20, 1939, at 12:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 29 1939, to Nov. 20 1939, and that I last saw him alive on Nov. 20 1939.

Immediate cause of death Hemmorrhage - Nasal

Due to Jaundice

Due to Carcinoma of head of pancreas

Other conditions

(Include pregnancy within 3 months of death)

Duration: 2 days; 7 mo

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature M. C. Partufeud M. D. or other

Address Hampstead Date signed 11-20-39

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10775

1. PLACE OF DEATH 958

County Baltimore Registration Dist. No. 44

Village or City Spocrans Point No. 624 I Street St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia J. Mason

(a) Residence: No. 624 I Street St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: C a

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Preston Mason

6. DATE OF BIRTH (month, day, and year): Jan 28-1866

7. AGE: Years 73 | Months 9 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Home work

10. Date deceased last worked at this occupation (month and year): Oct 1935

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER

13. NAME: Preston Johnson

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Malena Ferrah

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT (Address): Mrs Daisy H Pool 624 I Street Spt Md

18. BURIAL, CREMATION, OR REMOVAL Place: Mt Calvary Date: Nov 24, 1939

19. UNDERTAKER (Address): Saml H. Chase & Son 638 N. Gilmor St

20. FILED: Nov 23, 1939 Dewey T. Harker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov (Month) 21 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1939, to Nov 21, 1939

I last saw her alive on Nov 21, 1939; death is said to have occurred on the date stated above, at 6.45 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Nov 1 1939

Other Contributory Causes of importance: Cerebrovascular ? Hypertensive Cardiac

Name of operation: None Date of

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [signature] M. D.

(Address) 1422 S. Chase St

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other **contributory causes** of importance:	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other **contributory causes** of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 35-

92a

CERTIFICATE OF DEATH

10776

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Rural Parkton.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) 1 day

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Rural — Freeland.
(If outside city or town limits, write RURAL and give town)

(d) Street No. Route 1
(If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Vinton Watson McCullough.

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married.

6 (b) Name of husband or wife M. Elizabeth McCullough

6. (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) January 20, 1860

8. AGE: Years 79 Months 9 Days 16 If less than one day — hr. — min.

9. Birthplace Parkton, Md. R.D.
(Town, county, and state)

10. Usual occupation Farmer.

11. Industry or business Farming.

FATHER
12. Name Lysander McCullough.
13. Birthplace Parkton, Md. R.D.

MOTHER
14. Maiden Name Martha Hoshall.
15. Birthplace Parkton, Md. R.D.

16 (a) Informant Mrs. Edward Imwold
(b) Address Parkton, Md. R.D.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 9, 1939 (month) (day) (year)

(c) Cemetery or crematory Pine Grove U.B.

Location Rayville, Md.

18 (a) Funeral director J. Jacob Hartenstein

(b) Address New Freedom, Pa.

19 (a) Nov 8 1939 (Date rec'd by registrar) (b) Chester L. Fulton Deputy L. Registrar

MEDICAL CERTIFICATION

20. Date of death Nov. 6, 1939, at 11:00 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1939, to Nov. 6 1939, and that I last saw him alive on Nov. 6 1939.

Immediate cause of death	Duration
Mitral Regurgitation	1 yr.
Due to Arteriosclerosis	6 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. L. Yagle M. D. or other

Address New Freedom, Pa. Date signed Nov. 7-39.

RECEIVED
JAN 8 1940
BUREAU V. S.

10777

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Baltimore County — Registration Dist. No. 38

Village or City: Mercy Ville — No. Bellona Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Anne J. McDonough

(a) Residence: No. Mercy Ville — Bellona Ave St. Ward

(Usual place of abode) 104 Woodlawn Rd. Roland Park Balto. Md. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, and year): Unknown

7. AGE: Abt. 75 Years — Months — Days — If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Michigan

FATHER

13. NAME: Patrick McDonough

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Margaret McDonough

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Dr. J. A. Chatard, 1300 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cem. Date: 11/17, 1939

19. UNDERTAKER (Address): John J. Falvey & Sons, 1318 [illegible] St.

20. FILED: 11/16, 1939 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: November (Month) 14th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1939, to Nov. 14th, 1939

I last saw her alive on Nov. 14th, 1939; death is said to have occurred on the date stated above, at 12 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Angina Pectoris	May 1939
Myocardial Insufficiency	May 1939

Other Contributory Causes of importance:

Arteriosclerosis	Years
Hypertension	Years

Name of operation: No — Date of: —

What test confirmed diagnosis? Signs & Symptoms — Was there an autopsy? No

If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify:

(Signed) J. A. Chatard M. D.

(Address) 1300 N. Calvert St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 6, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

CEIVED DEC 5 1928

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131)

Reg. Dist. No. 43

CERTIFICATE OF DEATH

10778

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Fullerton (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Fullerton (If outside city or town limits, write RURAL and give town)

(d) Street No. Belair Road & Gravel Ave, (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Stonewall J. Mehner MEHNER

3 (b) If veteran, name war

3 (c) Social Security No. 215-01-2872

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Elizabeth Mehner

6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) July 22, 1882

8. AGE: Years 57 Months 3 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual occupation Painter

11. Industry or business Automobile

FATHER 12. Name Herman Mehner

13. Birthplace Germany

MOTHER 14. Maiden Name Minnie Wimmer

15. Birthplace Baltimore Maryland

16 (a) Informant Mrs Elizabeth Mehner

(b) Address Fullerton Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 24 1939 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Baltimore Maryland

18 (a) Funeral director Fredk Lassahn Sons

(b) Address 7401 Belair Road

19 (a) 11/22/39 (Date rec'd by registrar) (b) Mrs. G. A. Fritz Registrar

MEDICAL CERTIFICATION

20. Date of death Nov. 21 1939, at 1:25 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 4 1939, to Nov 21 1939, and that I last saw him alive on Nov 20 1939.

Immediate cause of death	Duration
Myocardial Insufficiency	4 days
Due to Chronic Interstitial	
Due to Nephritis	2 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —

(e) Means of injury —

23. Signature D. Edw. H. Benson M. D. or other

Address 1 W. Overlea Ave Date signed 11/21/39

RECEIVED
DEC 1 1939
BUREAU V. S.

10779

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 39

1. PLACE OF DEATH:

County: Baltimore

City or town: Monkton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Monkton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Martin V. Melvin

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Julia E. Melvin

6(c) If alive, give age: 74 years

7. Birth date of deceased (mo., day, yr.): Oct. 23, 1860

8. AGE: Years: 79 Months: — Days: 13 If less than one day: hrs. min.

9. Birthplace: Phoenix, Balto Co., Md (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER

12. Name: John Melvin

13. Birthplace: Ireland

MOTHER

14. Maiden name: Mary Bargar

15. Birthplace: York Penn.

16. Informant: Mrs. Martin Melvin

Address: Monkton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 8, 1939 (month) (day) (year)

Cemetery or crematory: Wesley chapel

Location: Monkton, Md.

18. Funeral director: Landon M. Brooks

Address: Sparks, Md.

19. Nov. 6, 1939 (Date rec'd by registrar) Anna Price Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 5 1939, at 8:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1938, to Nov. 5, 1939, and that I last saw h[illegible] alive on Nov 1 1939.

Immediate cause of death: Chronic Myocarditis — DURATION: 2 years

Due to: Arterio-Sclerosis — 5 years

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Chas. C. Ayres M. D. or other

Address: White Hall, Md. Date signed: 11/6/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 4 1939
BUREAU V. S.

10780

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (95-8)

County Baltimore Registration Dist. No. 38

Village or City Ruxton No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Nicholas Bosley Merryman If U. S. Veteran, specify WAR

(a) Residence: No. Ruxton Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ (write the word) Married

5a. If married, ~~widowed~~, or ~~divorced~~ HUSBAND of ~~(or) WIFE of~~ Mary W Merryman

6. DATE OF BIRTH (month, day, and year) March 1st 1887

7. AGE Years 52 Months 8 Days 14 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Bosley Merryman

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Williman McCleskey

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Mary Merryman Ruxton Md

18. BURIAL, CREMATION, OR REMOVAL Place Sherwood Cem Lockerville Mn Date Nov 17, 1939

19. UNDERTAKER (Address) [illegible]

20. FILED 11/16, 39 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 11 (Month) 15 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 8/20, 1939, to 11/15, 1939

I last saw him alive on 11/15, 1939; death is said to have occurred on the date stated above, at 7:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerotic	
Cardio-vascular	
disease	1932

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. H. Reiss M. D.

(Address) 6701 York Rd.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

NOV 21 1928

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-a)

CERTIFICATE OF DEATH

10781

Reg. Dist. No. 38

1. PLACE OF DEATH:
County Balto
City or town Riderwood
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Baltimore
City or town Riderwood Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Miller

3. (b) Social Security Number

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced single
6 (b) Name of husband or wife single
~~Sep 15~~ 6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Sept 15, 1878

8. AGE: Years 61 Months ~~3~~ 1 Days 27 If less than one day ___ hrs. ___ min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual occupation Laborer.
11. Industry or business

FATHER
12. Name John Miller
13. Birthplace Pennsylvania

MOTHER
14. Maiden name Anna Mary Holtzapple
15. Birthplace Pennsylvania

16. Informant Mrs Clarence Burns.
Address Riderwood

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 14 = 1939 (month) (day) (year)
Cemetery or crematory Saters
Location Baltimore Co Md.

18. Funeral director John Burns & Sons
Address Towson Md.

19. 11/13 1939 (Date rec'd by registrar) W. Carroll Van Horn Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 11th 1939, at 6:15 M

21. I CERTIFY that death occurred on the date above stated: ~~that I attended deceased from~~ ~~19~~ ~~to~~ ~~19~~
and ~~that I last saw h~~ ~~alive on~~ ~~19~~

Immediate cause of death Valvular heart disease
Due to Probably Cardio Renal disease
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. T. T. Nyse Dept P.M. Ex M. D. or other
Address Pikesville Md Date signed 11-11-39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 5 1938
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10782

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 10 days

Stay in this community (yrs., or mos., or days): " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Charles County

City or town: Pisgah Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Harold A. Milstead

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): January 27, 1922

8. AGE:

Years	Months	Days	If less than one day
17	9	15	hrs. min.

9. Birthplace: Pisgah, Charles Co., Maryland
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Carpentry

FATHER
12. Name: W.W. Milstead
13. Birthplace: Maryland

MOTHER
14. Maiden name: Cora Simmons
15. Birthplace: Maryland

16. Informant: Hospital records
Address

17. Burial (Burial, cremation, or removal, Which?) Date thereof 11/15/39 (month) (day) (year)

Cemetery or crematory: Pisgah Cemetery

Location: Pisgah, Md

18. Funeral director: Hunt & Ryon

Address: Waldorf, Md.

19. 11/13 (Date rec'd by registrar) 1939 — Registrar

Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 12, 1939, at 5:30 P.M. p.m.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from November 2, 1939, to November 12, 1939, and that I last saw him alive on November 12, 1939.

Immediate cause of death	DURATION
Edema of the brain	3 days
Pneumonia, left lung; bronchial in type. Duration: two days. Due to	2 days
Serial convulsive seizures	3 days
Other conditions: none	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: As given above.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Serge Androp
Serge Androp, M.D. M. D. or other

Address: Spring Grove St. Hosp. Date signed 11/13/39

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10783

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH (93-C)

County Balto. Registration Dist. No. 32

Village or City Howardville No. Walnut Ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes Morton

(a) Residence: No. Howardville, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Col.	Single

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Wm C. Penn Howardville, Md.

18. BURIAL, ~~CREMATION~~, OR REMOVAL

Place St. Thomas Date 11/17, 19 39

19. UNDERTAKER (Address) Wm. Leo A. Ireland 631 Bond Hill Ave

20. FILED NOV 18 1939 E E Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 14th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9th, 1939, to Nov. 14th, 1939

I last saw her alive on Nov. 14th, 1939; death is said to have occurred on the date stated above, at 10:45 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Hypertension	1937
Art. Sclerosis	1937
Chronic Myocarditis	1939.

Other Contributory Causes of Importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? NO.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify —

(Signed) James A. Mills M. D.

(Address) Howardville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

10784

STATE OF MARYLAND—CERTIFICATE OF DEATH

93(a) CB

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 38

Village or City Towson No. Mercy Villa, Bellona Ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred -- yrs. 2 mos. -- ds. How long in U.S. if of foreign birth? --- yrs. -- mos. -- ds.

2. FULL NAME Mary G. Mulligan

(a) Residence: No. 4211 Prospect Ave., Cleveland, Ohio St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -------

6. DATE OF BIRTH (month, day, and year) --------

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
About 74	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Hugh Mulligan

14. BIRTHPLACE (city or town) --------- (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Corbett

16. BIRTHPLACE (city or town) -------- (State or country) Ireland

17. INFORMANT Lawrence F. Mulligan (Address) 4211 Prospect Ave., Cleveland

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cemetery Date 11/18, 1939

19. UNDERTAKER Henry W. Morris Sons (Address) 805 N. Calvert St.

20. FILED 11/17, 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 11 (Month) 15 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1939, to November 15, 1939

I last saw her alive on November 15, 1939; death is said to have occurred on the date stated above, at 38 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	2 mos
Other Contributory Causes of importance:	
Myocarditis	2 mos
Pernicious Anemia	1 year

Name of operation — Date of

What test confirmed diagnosis? P. S. & Symptoms Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Thomas F. White M. D.

(Address) 532 E. 22nd St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (46-B) Reg. Dist. No. 44

CERTIFICATE OF DEATH

10785

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Jones Creek - Sparrows Pt. rd
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Hughes Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 21 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Sparrows Point
(If outside city or town limits, write RURAL and give town)
(d) Street No. Hughes Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Catherine Myers (Carrie V.)

3 (b) If veteran, name war —
3 (c) Social Security No. —

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Albert Henry Myers
6. (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Mar. 28, 1876

8. AGE: Years 63 | Months 7 | Days 23. | If less than one day ____ hr. ____ min.

9. Birthplace Balto. Md
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business own home

FATHER
12. Name Henry Shuffel
13. Birthplace Maryland

MOTHER
14. Maiden Name Kate Mc Gee
15. Birthplace Maryland

16 (a) Informant Albert H. Myers
(b) Address Sparrows Point - Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24/39 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Colgate Md

18 (a) Funeral director John Ulrich
(b) Address 2008 Eastern Ave

19 (a) NOV 21 39 (Date rec'd by registrar) (b) Dawson Harper Registrar

MEDICAL CERTIFICATION

20. Date of death Nov. 21 1939 at 1 00 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 30 1939, to Nov 21 1939, and that I last saw him alive on Nov. 11 1939.

Immediate cause of death	Duration
(a) Insanition	3 weeks
Due to (b) Adeno Carcinoma Gastric	6 mo.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis N. Tallin M.D.
M. D. or other
Address Sparrows Pt. md Date signed Nov 21. 1939.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (952) Reg. Dist. No. 47

CERTIFICATE OF DEATH

10786

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Chase md
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Eastern Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State md (b) County Baltimore
(c) City or town Chase md
(If outside city or town limits, write RURAL and give town)
(d) Street No. Eastern Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Susie Myles

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: F m

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Peter Preston Myles

6. (c) If alive, give age: 74 years

7. Birth date of deceased (mo., day, yr.): 4, 14, 1881

8. **AGE:** Years: 58 | Months: 6 | Days: 20 | If less than one day: ____hr. ____min.

9. Birthplace: Havredegrace md
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER
12. Name: Moss Martin
13. Birthplace: Havredegrace md

MOTHER
14. Maiden Name: Harriet Hoke
15. Birthplace: Havredegrace md

16 (a) Informant: Peter Preston Myles
(b) Address: Eastern Ave Chase md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-7-39 (month) (day) (year)
(c) Cemetery or crematory Sharpe St
Location Chase md

18 (a) Funeral director: mrs R. A. Elliott-Dghtr
(b) Address 1129 N. Caroline St

19 (a) Nov. 6-39 (Date rec'd by registrar) (b) John C. Connelly Registrar

MEDICAL CERTIFICATION

20. Date of death Nov 4 1939, at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 30 1939, to Nov 4 1939, and that I last saw him alive on Oct 30 1939.

	Duration
Immediate cause of death: Cerebral Apoplexy	5 days
Due to: Arterio-Sclerotic-Cardio vascular disease with Hypertension	
Due to:	
Other conditions:	
(Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: M Baumgardner M. D. or other
Address: Rosedale Md Date signed 11/4/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10787

Reg. Dist. No. 20

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 20 yrs. 9 mos. 2 days

Stay in this community (yrs., or mos., or days): " " " " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Howard Co.

City or town: Ellicott City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Ernestine Nietsche

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Unk.

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Unk.

8. AGE: Years: 71 | Months: | Days: | If less than one day: ____ hrs. ____ min.

8. Birthplace: Germany
(Town, county, and state)

10. Usual occupation: Domestic

11. Industry or business: For different homes.

FATHER
12. Name: Unk.
13. Birthplace: Unk.

MOTHER
14. Maiden name: Unk.
15. Birthplace: Unk.

16. Informant: Hospital records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-30-39 (Month) (Day) (Year)

Cemetery or crematory: Spring Grove State Hosp

Location: Catonsville Md

18. Funeral director: Spring Grove State Hosp

Address: Catonsville Md

19. 11/30 (Date rec'd by Registrar) 1939 Registrar

Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 27, 1939, at 7:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 19, 1936, to November 27, 1939, and that I last saw her alive on November 27, 1939.

	DURATION
Immediate cause of death: Chronic myocarditis before	1939
Due to: Coronary sclerosis "	"
Due to: Hypertensive heart disease before	"
Other conditions: Manic Depressive Psychosis before	1919

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: As given above.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE: Serge Androp

Serge Androp, M.D. M. D. or other

Address: Spring Grove State Hosp. Date signed 11/30/39

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 73-C

CERTIFICATE OF DEATH

10788

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Sutherville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Bellona Ave.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 73 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Baltimore
City or town: Sutherville (Rural) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Bellona Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: James O'Brein

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Mary E. O'Brien (nee Griffin) 6(c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): Nov. 24, 1866

8. AGE: Years	Months	Days	If less than one day
73	11	24	hrs. min.

9. Birthplace: Ridgewood, Md. (Town, county, and state)
10. Usual occupation: Carpenter
11. Industry or business: Own Force (Self)
12. FATHER — Name: John O'Brien
13. FATHER — Birthplace: Ireland
14. MOTHER — Maiden name: Julia Nevis
15. MOTHER — Birthplace: Ireland
16. Informant: Mrs. Mary E. O'Brien
Address: Sutherville, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 20, 1939 (month) (day) (year)
Cemetery or crematory: Mt. Marie
Location: Towson, Md.
18. Funeral director: John Bunn & Sons
Address: Towson, Md.
19. Nov. 18 1939 (Date rec'd by registrar) Wm. J. Lilcoat Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 17, 1939, at 2:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 1938 to Nov. 17th 1939 and that I last saw him alive on Nov. 16th 1939

Immediate cause of death	DURATION
Chronic Myocarditis	1 yr.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
Of autopsy: Not performed

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Robert H. Allison M. D. or other
Address: 4 Bushbird St. Towson, Md. Date signed: 11-17-39

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-C) Reg. Dist. No. 35

CERTIFICATE OF DEATH

10789

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Hereford
(If outside city or town limits, write RURAL and give town)
(c) Street address, hoapital, or inatitution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 5 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Hereford
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FRANK PARTHAMER

3 (b) If veteran, name war: No
3 (c) Social Security No.:

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Rachael Clemens
6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 7, 1868

8. AGE: Years 71 | Months 9 | Days 23 | If less than one day hr. min.

9. Birthplace York Co., Penna.
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business Quarry

FATHER
12. Name Jacob Parthamer
13. Birthplace Penna.

MOTHER
14. Maiden Name Lottie Felty
15. Birthplace Penna.

16 (a) Informant Ralph Gingrich
(b) Address Hereford, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 3/1939 (month) (day) (year)
(c) Cemetery or crematory Sagamore
Location Sagamore, Pa.

18 (a) Funeral director Jacob Hartenstein
(b) Address New Freedom, Pa.

19 (a) Dec 2nd 1939 (Date rec'd by registrar) (b) Melvin Bortner Registrar

MEDICAL CERTIFICATION

20. Date of death November 30 1939, at 10:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 17 1939, to Nov. 30 1939, and that I last saw him alive on Nov. 30 1939.

	Duration
Immediate cause of death: Coronary occlusion	10 min
Due to: Chronic myocarditis	
Due to: [illegible]	
Other conditions: Prostatic hypertrophy (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. M. France M. D. or other
Address Parkton, Md. Date signed 12/1/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (191) Reg. Dist. No. 43

CERTIFICATE OF DEATH

10790

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Fullerton (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Fullerton (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Margaret J. Plumer

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex female

5. Color or race white

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Frederick Plumer

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 9, 1860

8. **AGE:** Years 79 Months Days 2 If less than one day hr. min.

9. Birthplace Necker, Balto. Co., Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own home

FATHER

12. Name Henry Snyder

13. Birthplace Germany

MOTHER

14. Maiden Name Frances Schmidt

15. Birthplace Germany

16 (a) Informant Louise Plumer

(b) Address Fullerton, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 15 39 (month) (day) (year)

(c) Cemetery or crematory St. Josephs

Location Balto. Co. Md.

18 (a) Funeral director F. Lassahn & Son

(b) Address 7401 Belair Rd.

19 (a) 11/14/39 (Date rec'd by registrar) (b) Mr. G. A. Fritz Registrar

MEDICAL CERTIFICATION

20. Date of death Nov. 11, 1939, at 12 Mdt. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 30th 1939, to Nov. 11th 1939, and that I last saw him alive on Nov. 11, 1939.

Immediate cause of death	Duration
Cardiac Insufficiency and Pulmonary aedema	12 days
Due to Chronic scleratic Nephritis and Arterio sclerosis	many yrs.
Due to	
Other conditions Rt. Hemiplegia	3 yrs.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A. L. Wilkinson, M.D. M.D. or other

A. L. Wilkinson, M. D.

Address 5713 Bel Air Rd. Date signed 11-13-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 1 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10791

Reg. Dist. No. 938

1. PLACE OF DEATH:
County Baltimore
City or town Eudowood Sanatorium, Towson, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) 3 yr. 7 mo - 14 da
Stay in this community (yrs., or mos., or days) Sam

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1414 N. Montford Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR N.

3. (a) FULL NAME Regina Helen Pross
3. (b) Social Security Number

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) August 21, 1915
8. AGE: Years 24 Months 2 Days 17 If less than one day hrs. min.
9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual occupation Nurse.
11. Industry or business T.B. Sanatorium
FATHER 12. Name Friedrich Pross
13. Birthplace Baltimore Md
MOTHER 14. Maiden name Matilda Vogel
15. Birthplace Baltimore Md.
16. Informant Personal History- Hospital Records
Address Eudowood Sanatorium, Towson, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 10/39 (month) (day) (year)
Cemetery or crematory Moreland Mem PR
Location Balto Md
18. Funeral director Philip Herwig Son
Address 2016 Orleans St
19. 11/9 1939 (Date rec'd by registrar) Deputy Registrar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 7, 1939, at 9:30 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 24 1938, to Nov. 7, 1939, and that I last saw her alive on Nov. 7, 1939

Immediate cause of death — DURATION
Air Embolus
Due to Refill of Artificial Pneumothorax in Pulmonary Tuberculosis — March 1936
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W A Bridges M. D. or other
Address Towson, Md. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 15 1939
BUREAU V. E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10792

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 15 days

Stay in this community (yrs., or mos., or days): " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 3119 Belair Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Martin L. Riggin

3. (b) Social Security Number: none

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Edith Wallace

6 (c) If alive, give age: 2 years

7. Birth date of deceased (mo., day, yr.): March 25, 1887

8. AGE: Years: 52 Months: 7 Days: 20 If less than one day: hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Engineer

11. Industry or business: Railroad

FATHER
12. Name: John Riggin
13. Birthplace: Maryland

MOTHER
14. Maiden name: Susan Hutchinson
15. Birthplace: Maryland

16. Informant: Hospital records

Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 18 1939 (month) (day) (year)

Cemetery or ~~crematory~~: Oak Grove Cem.

Location: Dorchester Co. Md.

18. Funeral director: Geo. W. Little

Address: 2708 Edmondson Av.

19. 11/13/39 (Date rec'd by registrar) [signature] Registrar

Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 15, 1939, at 7:40 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 30, 1939, to November 15, 1939, and that I last saw him alive on November 15, 1939.

Immediate cause of death	DURATION
Acute lobar pneumonia, bilateral	2 days
Due to Chronic aortitis before	1939
Due to Aortic insufficiency "	"
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: As given above.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Serge Androp, M.D. M. D. or other

Address: Spring Grove St. Hosp. Date signed: 11/15/39

RECEIVED
NOV 27 1939
BUREAU OF

STATE OF MARYLAND—CERTIFICATE OF DEATH

10793

1. PLACE OF DEATH (95E)

County Baltimore Registration Dist. No. 41

Village or City Dundalk No. — St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Clyde Vera Rivers

(a) Residence: No. 1919 Snyder Ave. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas DeWitt Rivers

6. DATE OF BIRTH (month, day, and year) Oct-27-1893

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
46		19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Home

10. Date deceased last worked at this occupation (month and year) 11-16-39

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME John H. Magness

14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER

15. MAIDEN NAME Ella Meade

16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMANT (Address) Thos. Rivers 1919 Snyder Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Scottsville Va Date 11-19-1939

19. UNDERTAKER (Address) John C. Miller Inc 2435 E. Oliver St

20. FILED 11/17, 1939 Milton W. Nicholson Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 16 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1939, to Nov 16, 1939

I last saw her alive on Nov. 16, 1939; death is said to have occurred on the date stated above, at ___ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Hypertensive C-V disease	?
Heart failure	Nov 1939

Other Contributory Causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ___, 19__

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Stephen C. Mackowiak M. D.

(Address) 6833 Holabird Ave Dundalk-Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

10794

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(112)

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 107 Bishop Lane

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Same County:

City or town: Same Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Robert Charles Schaub.

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Dec. 5, 1935

8. AGE: Years 3 Months 11 Days 18 If less than one day hrs. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER

12. Name: Charles H. Schaub

13. Birthplace: Catonsville Maryland

MOTHER

14. Maiden name: Margaret Gorman

15. Birthplace: Baltimore, Maryland

16. Informant: Charles H. Schaub

Address: Catonsville

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 25 1939 (month) (day) (year)

Cemetery or crematory: Cathedral

Location: Baltimore Md.

18. Funeral director: Easton Sons

Address: Ellicott City

19. 11/24 1939 (Date rec'd by registrar) [signature] Registrar Deputy Trial.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 23 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 10 1938 to Nov. 23 1939 and that I last saw him alive on Nov. 23 1939

Immediate cause of death	DURATION
Cardiac Failure	2 hrs.
Due to Asthma	1 1/2 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Cate of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: George Chobar M. D. or other

Address: 803 Fred Rd Date signed: 11-24-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 2 1939
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10795

Reg. Dist. No. 33

1. PLACE OF DEATH:

County: Baltimore

City or town: Rural near. Owings Mills.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rosewood State Training School.

Stay in hospital or inst. (yrs., or mos., or days): 18 yrs. 9 mos 15 dys.

Stay in this community (yrs., or mos., or days): 18 yrs 9 mos 15 dys.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland. County: ~~Baltimore~~ Harford

City or town: ~~Owings Mills~~ Havre de Grace Rural near Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: ~~Rosewood~~ State Training School
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mary Shea

3. (b) Social Security Number

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): March 29 1908

8. AGE: Years: 31 Months: 7 Days: 24 If less than one day ____ hrs. ____ min.

9. Birthplace: Rising Sun Md.
(Town, county, and state)

10. Usual occupation: Inmate

11. Industry or business: None

FATHER
12. Name: David E. Shea.
13. Birthplace: Treland.

MOTHER
14. Maiden name: Margaret L. Smith
15. Birthplace: Maryland

16. Informant: Rosewood State Training School Records
Address: Owings Mills Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 25. 1939 (month) (day) (year)

Cemetery or crematory: Angle Hill

Location: Havre de Grace Md.

18. Funeral director: Henry Tanning Sons

Address: Aberdeen Md.

19. Nov. 22 1939 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 22 1939, at 5 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 1 1938, to November 22 1939, and that I last saw her alive on November 21 1939.

Immediate cause of death	DURATION
Chronic myocarditis (syphilitic)	unknown.
Due to Congenital syphilis	31 yrs.
Due to	
Other conditions: Grand mal epilepsy with mental deterioration → 26 yrs; Chronic Interstitial Keratitis (practically blind) - unknown	
Major findings: Chronic purulent sinusitis with bony necrosis; Recurrent Lt. Otitis media 6 mos	2 yrs.
Of operations	
Of autopsy	

(Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE: Isabel H. McClintock M.D. M. D. or other

Address: Rosewood State School Owings Mills Md. Date signed: Nov 22/39

RECEIVED
DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10796

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County: Baltimore

City or town: Catonsville Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hosp.

Stay in hospital or inst. (yrs., or mos., or days): 34 yrs 8 mos. 22 days.

Stay in this community (yrs., or mos., or days): Same.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 203 Woodland Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: Mary E. Shull

3. (b) Social Security Number: None.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Fem	W.	Widow

6 (b) Name of husband or wife: Mrs. Jackson Shull

6 (c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): 1870

8. AGE: Years: 69 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Virginia
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: —

FATHER
12. Name: Esau
13. Birthplace:

MOTHER
14. Maiden name: unknown
15. Birthplace: unknown

16. Informant: Hospital records
Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 19, 1939 (month) (day) (year)

Cemetery or crematory: Front Royal, Va.

Location: Front Royal, Va.

18. Funeral director: Easton Sons

Address: Ellicott City.

19. 11/24 (Date rec'd by registrar) 1939 — Registrar

Local Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 19 1939, at 6:40 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 26 1937, to Nov. 19 1939; and that I last saw h[er] alive on Nov. 19 1939.

Immediate cause of death: Cerebral hemorrhage — DURATION: 8 days.

Due to: Generalized arteriosclerosis — DURATION: Indef.

Due to: — DURATION: —

Other conditions: Paranoid State — DURATION: Since 1905.
(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No. Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Robert C. Garner M.D.
M. D. or other

Address: Catonsville, Md. Date signed 11/20/39.

Bridges Andrews

RECEIVED
DEC 2 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

(131) 10797

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 31

Village or City Villa Nova No. Robb Nursing Home St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Snyder If U. S. Veteran, specify WAR ...

(a) Residence: No. 4506 Seminole Avenue St., Ward ...
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) March 17, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Cumberland Co., Penna
(State or country)

FATHER

13. NAME Peter Snyder

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mr. Ralph M. Cline
(Address) 1205 Walnut Avenue

18. BURIAL, CREMATION, OR REMOVAL Pennsylvania.
Place Trindle Spring Cem. Date Nov. 13- 1939

19. UNDERTAKER Wm. J. Tickner & Sons
(Address) North & Pennsylvania Avenues

20. FILED Nov 1 1939 J. J. Melton-Pell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November 9th 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept. 23, 1939, to Nov. 9, 1939.

I last saw h-er alive on Nov. 9, 1939; death is said to have occurred on the date stated above, at 9 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
generalized arteriosclerosis	1930
Chronic nephritis —	1938
cardiac failure.	11/2/39.

Other Contributory Causes of Importance:

Name of operation ... Date of ...

What test confirmed diagnosis? usual Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify ...

(Signed) Lucy A. Kupp M. D.

(Address) 3030 Edmondson Ave.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
NOV 15 1939
BUREAU U.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10798

Reg. Dist. No. 30

1. PLACE OF DEATH:
County Baltimore
City or town Catonsville, Mafyland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Spring Grove State Hospital
Stay in hospital or inst. (yrs., or mos., or days) 22 days
Stay in this community (yrs., or mos., or days) " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1508 [illegible] John Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Bettie Somers

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Separated

6 (b) Name of husband or wife Joseph Anthony Somers
6(c) If alive, give age unk years

7. Birth date of deceased (mo., day, yr.) March 1, 1881

8. AGE: Years	Months	Days	If less than one day
58	8	27	---hrs. ---min.

9. Birthplace Virginia (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Home
FATHER 12. Name William Brengle
13. Birthplace Virginia
MOTHER 14. Maiden name Bertie Martin
15. Birthplace Virginia
16. Informant Hospital records
Address
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 1-1939 (month) (day) (year)
Cemetery or crematory Sunday Park
Location Balto. Md.
18. Funeral director Charles S. Black
Address 742 W. North Ave.
19. 11/29 1939 (Date rec'd by registrar) H. L. Andrews Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH November 28, 1939, at 9:55 p.m.
I CERTIFY that death occurred on the date above stated; that I attended deceased from November 6, 1939 to November 28, 1939, and that I last saw her alive on November 28, 1939.

Immediate cause of death	DURATION
Broncho-pneumonia	10 days
Due to Cerebral thrombosis before	Nov. 6 1939
Due to	
Other conditions	
Schizophrenia before (Include pregnancy within 3 months of death)	11/6/39

Major findings:
Of operations none
Of autopsy none

PHYSICIAN Please underline the cause fo which death should be charged statistically.

22. VIOLENCE: If death was due fo external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Robert E. Gardner M.D.
Robert E. Gardner, M.D. M. D. or other
Address Spring Grove State Hosp. Date signed 11/29/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC. 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (23)

Reg. Dist. No. 38

10799

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Riderwood (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Bellona Ave.

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) 23 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Riderwood (Rural) (If outside city or town limits, write RURAL and give town)

(d) Street No. Bellona Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** William Rankin Talbott

3 (b) If veteran, name war None

3 (c) Social Security No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Effie Talbott

6. (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Aug. 9, 1876

8. **AGE:** Years 63 Months 3 Days 11 If less than one day ____ hr. ____ min.

9. Birthplace Parkton, Balto. Co., Md. (Town, county, and state)

10. Usual occupation Janitor

11. Industry or business Balto. Co. School

FATHER 12. Name Pleasant Talbott

13. Birthplace Parkton, Md.

MOTHER 14. Maiden Name Julia Heise

15. Birthplace Pennsylvania

16 (a) Informant Mrs. Effie Talbott

(b) Address Riderwood, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 23 1939 (month) (day) (year)

(c) Cemetery or crematory Wyseburg Cem.

Location Wyseburg, Md.

18 (a) Funeral director John Burns' Sons

(b) Address Towson, Md.

19 (a) 11/27/39 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. Date of death Nov. 20, 1939, at 7:15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/10 1939, to 11/20 1939, and that I last saw him alive on 11/20/39 19____.

Immediate cause of death Uremia — Duration 3 days.

Due to Chr. Nephritis — ?

Bilateral tuberculosis — ?

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —

(e) Means of injury —

23. Signature Robert H. Liver M.D. or other

Address Cockeysville, Md. Date signed 11/20/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94C)

10890

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:

County: Baltimore

City or town: Towson

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Presbyterian Home

Stay in hospital or inst. (yrs., or mos., or days): 8 years

Stay in this community (yrs., or mos., or days): 8 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.:

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1254 N. Broadway

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary Janet Taylor

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Dr. Geo. F. Taylor

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec. 11, 1859

8. AGE: Years	Months	Days	If less than one day
79	10	29	hrs. min.

9. Birthplace: Washington D. C. (Town, county, and state)

10. Usual occupation: None

11. Industry or business:

FATHER
12. Name: Thomas McGill
13. Birthplace: Scotland

MOTHER
14. Maiden name: Mary Douglas
15. Birthplace: Washington, D. C.

16. Informant: Mrs Elliot

Address: Presbyterian Home

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 11, 1939 (month) (day) (year)

Cemetery or crematory: Druid Ridge Cemetery

Location: Pikesville

18. Funeral director: John O. Mitchell & Sons Inc.

Address: Baltimore, Md.

19. 11/11 1939 (Date rec'd by registrar) W. Garrell Van Thom Registrar

Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 10, 1939 19 , at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 21, 1939, to Nov 8 1939, and that I last saw her alive on Nov 8, 39 19

Immediate cause of death: Coronary occlusion — Duration: 2 hrs.

Due to: Arterio-sclerosis & hypertension — unk

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: John S Green Jr. M. D. or other

Address: Towson, Md. Date signed: Nov 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93-C

10801

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH:

County: Baltimore

City or town: White Marsh

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 40 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: White Marsh Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Albert Theirfield

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Belle Theirfield

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Feb. 22 1865

8. AGE: Years: 74 Months: 8 Days: 26 If less than one day ____ hrs. ____ min.

9. Birthplace: Germany (Town, county, and state)

10. Usual occupation: Watchman (R.R.)

11. Industry or business

FATHER

12. Name: Unknown

13. Birthplace

MOTHER

14. Maiden name: Unknown

15. Birthplace

16. Informant: Mrs B. F. Cullum

Address: White Marsh Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 11 (month) 19 (day) 1939 (year)

Cemetery or crematory: Camp Chapel

Location: Joppa Road White Marsh, Md.

18. Funeral director: H. K. McCormick

Address: Abingdon Md

19. 11/17/39 (Date rec'd by registrar) 19 W M Hammett Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 16, 1939, at 10 A 30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 2, 1939 to Nov. 16, 1939 and that I last saw him alive on Nov. 16, 1939

Immediate cause of death: Congestive Heart Failure — DURATION: 5 mos.

Due to: Myocardial Degeneration — 3 yrs.

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Clifford F Hudson M. D. or other

Address: Fork, Md. Date signed: 11/17/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94?)

10802

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH:
County: Baltimore Co
City or town: Dundalk
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 9 Arrowship
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 4 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Balto
City or town: Dundalk Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 7 Arrowship
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mary Kate Todd

3. (b) Social Security Number:

4. Sex: F
5. Color or race: W
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife:
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): June 22, 1874
8. AGE: Years: 65 Months: 5 Days: 2 If less than one day: hrs. min.
9. Birthplace: Baltimore Co (Town, county, and state)
10. Usual occupation: Secretary
11. Industry or business: Auto Supply Co
FATHER 12. Name: Benjamin F Todd
13. Birthplace: Md
MOTHER 14. Maiden name: Sarah E Lynch
15. Birthplace: Baltimore Co
16. Informant: Mrs Wm E Sparks
Address: 48 Shipway
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 26-1939 (month) (day) (year)
Cemetery or crematory: Oak Lawn Cem
Location: Balto Md
18. Funeral director: John Ullrich
Address: 2008 Orleans St
19. 11/25 1939 (Date rec'd by registrar) Milton W Smullen Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 24 1939 at 6:30 a
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 23 1939 to Nov 24 1939 and that I last saw her alive on Nov 24, 1939

Immediate cause of death	DURATION
Coronary occlusion	36 hrs.
Due to Arteriosclerosis	2 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of Injury Injured at work?

23. SIGNATURE: Frank D Virgilio M. D. or other
Address: Market St Dundalk Date signed: Nov 25-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 1 1930
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

10803

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (7)

1. PLACE OF DEATH:
County Balto Co
City or town Cella
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Cella ave
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 60 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Balto
City or town Cella Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Cella ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Laura Virginia Ristow

3. (b) Social Security Number ✓

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	widowed

6 (b) Name of husband or wife Deceased

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) June 5 1856

8. AGE:

Years	Months	Days	If less than one day
83	5	11	hrs. / min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Housekeeper
11. Industry or business
12. FATHER Name Wm E Gillespie
13. Birthplace Maryland
14. MOTHER Maiden name Elizabeth Hughes
15. Birthplace ✓
16. Informant Olive L Routh
Address Cella Balto Co
17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/18/39 (month) (day) (year)
Cemetery or crematory St Johns Cemetery
Location Catonsville Md
18. Funeral director Edgar A McCabe
Address Catonsville Md
19. 11/18 (Date rec'd by registrar) 1939 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 16 1939, at 2:12 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1st 1939, to Nov 16 1939, and that I last saw h alive on Nov 14 1939.

Immediate cause of death	DURATION
Senile Dementia (From my records)	5 yrs
Due to Cor. Sclerosis	
Due to Acute Enteritis & Nephritis	
Due to Auto Intoxication	?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frank O Miller MD
M. D. or other
Address Ellicott City Md Date signed Nov 17 39

NOV 29 1939
BUREAU

STATE OF MARYLAND—CERTIFICATE OF DEATH

10804

1. PLACE OF DEATH (87-8)

County Baltimore Registration Dist. No. 30

Village or City Catonsville No. Opitz Home St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 35 yrs. mos. 10 ds. How long in U.S. if of foreign birth? 45 yrs. mos. ds.

2. FULL NAME Pietro Vinci

(a) Residence: No. 2915 Arunah Ave St., Ward. Baltimore, Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE Withe

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Vinci

6. DATE OF BIRTH (month, day, and year) Feb. 1871

7. AGE Years 68 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Fruit Deal.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cefalu Italy

FATHER

13. NAME Giuseppe Vinci

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Anna Testa

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT (Address) Anna Vinci (Wife) 2915 Arunah Ave (Balt. Md.)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Nov. 20, 1939

19. UNDERTAKER (Address) Frank Della Noce 52 N. Morley St. Balt. Md.

20. FILED 11/16, 1939 H. L. Andrews Registrar. Deputy Clerk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. (Month) 16, (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1939, to Nov. 16, 1939

I last saw him alive on Nov. 14, 1939; death is said to have occurred on the date stated above, at 4 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Paralysis Agitans	
(Parkinson's Disease)	Nov. 1937

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eugene L. Pessagno M. D.

(Address) 514 Drury Lane

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
NOV 30 1929
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (25)

10805

CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore

City or town Randallstown Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: near Liberty Road

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 12 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Randallstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. near Liberty Rd
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Arthur M Walker

3. (b) Social Security Number Lost

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	married

6 (b) Name of husband or wife Mildred Walker

6(c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) April 23 1903

8. AGE:

Years	Months	Days	If less than one day
36	7		hrs. min.

9. Birthplace Balto Co Maryland
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farm

FATHER 12. Name Emmanuel Bollinger

13. Birthplace Maryland

MOTHER 14. Maiden name Mamie Walker

15. Birthplace Maryland

16. Informant Mrs Mildred Walker

Address Randallstown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 25 1939 (month) (day) (year)

Cemetery or crematory Mt Olivet

Location Randallstown Md

18. Funeral director Edw C Tipton

Address Hampstead Md

19. Nov 24 1939 (Date rec'd by registrar) Wm E Martin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 23 1939, at 8:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ---- 19---, to Nov 23 1939, and that I last saw him alive on Nov 22 1939.

	DURATION
Immediate cause of death Edema of Brain	
Due to Status Epilepticus	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm E. Martin M.D.
M. D. or other

Address Randallstown Md Date signed

RECEIVED
DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (107-a)

Reg. Dist. No. 30

10806

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Catonsville Md.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Spring Grove Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-5-7

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Idlewylde
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1110 Register ave
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Julia Ward

3 (b) If veteran, name war none

3 (c) Social Security No. none

4. Sex Female

5. Color or race white

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife George Ward

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) 3-16-62

8. AGE: Years 77 | Months 8 | Days 6 | If less than one day _____ hr. _____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name David Harris
13. Birthplace Maryland

MOTHER
14. Maiden Name unknown
15. Birthplace Maryland

16 (a) Informant Ida Bowman
(b) Address 1110 Register ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 25-1939 (month) (day) (year)

(c) Cemetery or crematory Sams Creek
Location near New Windsor Md

18 (a) Funeral director W. H. Harkley & Sons
(b) Address New Windsor Md.

19 (a) 11/23/39 (Date rec'd by registrar) (b) [signature] Registrar
Deputy Local

MEDICAL CERTIFICATION

20. Date of death November 22 1939, at 5.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1938, to Nov 22 1939, and that I last saw him alive on Nov 22 1939.

Immediate cause of death Bronchus Pneumonia — Duration Since Nov 14 1939

Due to _____

Due to _____

Other conditions Senile Psychosis — Since 1934

(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____

(e) Means of injury _____

23. Signature [signature] M. D. or other

Address Catonsville Date signed 11-22-39.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-e)

10807

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:

County Baltimore

City or town Chesaco Park

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Balto

City or town Chesaco Park Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 3 Edgewater Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Henry R Warthen

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 23/ 1936

8. AGE: Years 3 | Months 6 | Days 1 | If less than one day ____ hrs. ____ min.

9. Birthplace Balto Co (Town, county, and state)

10. Usual occupation none

11. Industry or business —

FATHER

12. Name Raymond Warthen

13. Birthplace Balto Md

MOTHER

14. Maiden name Lillian Rexroth

15. Birthplace Baltimore Md

16. Informant Raymond Warthen

Address 3 Edgewater Ave Chesaco Park

17. Buried (Burial, cremation, or removal. Which?) Date thereof Nov 28/39 (month) (day) (year)

Cemetery or crematory Baltimore Cem

Location Balto Md

18. Funeral director John Ullrich

Address 2008 Orleans St

19. 11-27-39 19 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 24th 19 , at 8 40 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 15, 1939, to Nov. 24 1939, and that I last saw him alive on Nov. 24 1939.

Immediate cause of death Congenital Cardiac Disease Myocardial Insufficiency

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. Andrew Kurkowski M. D. or other

Address 2029 Eastern Ave Date signed 11/25/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M)

(T)

RECEIVED
DEC 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10808

(131)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 35

Village or City White Hall No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Louisa Whiteford If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nelson Whiteford

6. DATE OF BIRTH (month, day, and year) Dec 5 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ff. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Corea Md

FATHER

13. NAME Joshua Borton

14. BIRTHPLACE (city or town) (State or country) Nonsrue Md

MOTHER

15. MAIDEN NAME Mary Jones

16. BIRTHPLACE (city or town) (State or country) Bilori Md.

17. INFORMANT (Address) Hugh Whiteford Pylesville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Farm Grove Pa Date Nov 28, 1939

19. UNDERTAKER (Address) W. Howard Webb Farm Grove Pa

20. FILED Nov 28, 1939 Charles L. Sullivan Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 25 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1939, to Nov. 25, 1939

I last saw her alive on Nov. 25, 1939; death is said to have occurred on the date stated above, at 7 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis, hypertension, chronic myocarditis, nephritis. Chronic nephritis. Duration unknown. C.W.G.R.

Date of onset

Other Contributory Causes of Importance: Phlebitis.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Norman H. Gemmill M. D.

(Address) Stewartstown, Pa.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

10809

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:

County: Baltimore

City or town: Towson
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 26 Normal Terrace

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Towson Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 26 Normal Terrace
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Samuel Wilhelm

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Nellie Price Wilhelm

6(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.): Aug 3, 1862

8. AGE: Years 77 | Months 3 | Days 23 | If less than one day ___ hrs. ___ min.

9. Birthplace: Beckleysville Balto Co, Md.
(Town, county, and state)

10. Usual occupation: Station Agent, N.C.R.R.

11. Industry or business: (Retired ten years)

FATHER
12. Name: Joshua Wilhelm
13. Birthplace: Beckleysville, Balto Co. Md

MOTHER
14. Maiden name: Elizabeth Zenckes
15. Birthplace: Balto. Co., Md.

18. Informant: Mrs. Samuel Wilhelm

Address: 26 Normal Terrace Towson

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 29 1939 (month) (day) (year)

Cemetery or crematory: Emanuel

Location: Glencoe

18. Funeral director: Landon M. Brooks

Address: Sparks, Md.

19. 11/28 1939 (Date rec'd by registrar) W. Gomez Taylor Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 26th 1939, at 6:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1939, to Nov 26th 1939, and that I last saw him alive on Nov. 26th 1939.

Immediate cause of death: Pulmonary Edema — DURATION: 4 day

Due to: General Atherosclerosis Renality. Myocardial

Due to: Insufficiency

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Dannie M. Thos Jenifer M. D. or other

Address: Towson Md Date signed: 11/27/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (948) Reg. Dist. No. 38

CERTIFICATE OF DEATH

10810

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Towson (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 16 W. Penna. Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Towson (If outside city or town limits, write RURAL and give town)
(d) Street No. 16 W. Penna. Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Katherine M. Will

3 (b) If veteran, name war ———
3 (c) Social Security No. ———

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Henry Will
6. (c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) Nov. 18, 1867

8. AGE: Years 71 Months 11 Days 19 If less than one day ——— hr. ——— min.

9. Birthplace Towson, Md. (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business at Home

FATHER
12. Name Lewis Wm. Held
13. Birthplace Germany

MOTHER
14. Maiden Name Fredericks Breyer
15. Birthplace Germany

16 (a) Informant Mr. Charles W. Held
(b) Address 18 W. Penna. Ave, Towson, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 9, 1939 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill
Location Towson, Md.

18 (a) Funeral director John Burns' Sons
(b) Address Towson, Md.

19 (a) 11/9/39 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. Date of death Nov. 6 1939, at 10: P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1939, to Nov 6th 1939, and that I last saw him alive on Nov 6th 1939

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Myocardial Insufficiency	4 or 5 yrs.
Due to Coronary Sclerosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel of St. Thos. Jenifer M. D. or other
Address Towson, Md Date signed 11/8/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59)

10811

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH:

County: Baltimore

City or town: Dundalk.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 62 South Dundalk ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Dundalk Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 62. South Dundalk ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Annie Winger

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: None

— 6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): March 16, 1858

8. AGE: Years 81 Months 7 Days 27 If less than one day ___ hrs. ___ min.

9. Birthplace: Sylvan, Franklin Co. Penna (Town, county, and state)

10. Usual occupation: Housekeeper

11. Industry or business

FATHER 12. Name: Issac J. Winger

13. Birthplace: Penna

MOTHER 14. Maiden name: Rebecca McCulloh

15. Birthplace: Penna

16. Informant: Mrs. Daniel Winger

Address: 62 S. Dundalk Ave.

17. Burial (Burial, cremation, or removal, Which?) Date thereof: Nov 16 1839 (month) (day) (year)

Cemetery or crematory: Little Cove Cemetery

Location: Franklin County Penna

18. Funeral director: Wm Cook

Address: 1217 St. Paul St Balto. Md.

19. 11/13/39 19 (Date rec'd by registrar) W M Carmone Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 13 1939, at 7.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 20, 1937, to Nov 13 1937, and that I last saw her alive on Nov 8 1937.

Immediate cause of death: Diabetes Mellitus — DURATION: 3 years.

Due to

Due to

Other conditions: None

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

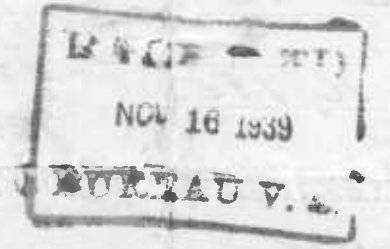
23. SIGNATURE: A W Reier M.D. M. D. or other

Address: Dundalk, Md. Date signed 11-13-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15


NOV 16 1939
BUREAU V.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (46-B)

Reg. Dist. No. 38

10812

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Towson RFD #6 (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Providence

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 2 mos

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1532 John Street (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Edith May Wright

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Irvin W. Wright, Sr.

6. (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) June 22 1867

8. **AGE:** Years 72 Months 4 Days 25 If less than one day ____ hr. ____ min.

9. Birthplace Maryland - (Baltimore Co.) (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER

12. Name George Widerman

13. Birthplace Maryland

MOTHER

14. Maiden Name Aseneth Shipley

15. Birthplace Maryland.

16 (a) Informant Mrs Daniel Simms

(b) Address Towson RFD #6 Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 6 1939 (month) (day) (year)

(c) Cemetery or crematory Moreland Memorial Cem.

Location Parkville, Md.

18 (a) Funeral director John Burns' Sons

(b) Address Towson, Md.

19 (a) 11/6/39 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. Date of death November 3 1939, at 6.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939, to Nov 3 1939, and that I last saw her alive on Nov 3 1939.

Immediate cause of death Carcinoma of Stomach

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Carcinoma Ventriculi

Of autopsy

Duration: 6 to 8 mos

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature R. O. Sellman MD (M. D. or other)

Address Towson, Md. Date signed Nov 3, 1939

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-J

10813

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
County Baltimore
City or town Catonsville, Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Spring Grove State Hospital
Stay in hospital or inst. (yrs., or mos., or days) 2 yrs. 9 mos. 4 days
Stay in this community (yrs., or mos., or days) " " " " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 3000 Hamilton Avenue
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Alice Yeager

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife William Yeager
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16, 1871 1876

8. AGE: Years	Months	Days	If less than one day
63 ~~68~~	7	22	hrs. min.

9. Birthplace Maryland, Baltimore City
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Own home
FATHER 12. Name John Brooks
13. Birthplace Baltimore
MOTHER 14. Maiden name
15. Birthplace Baltimore
16. Informant Records of hospital
Address
17. Burial Date thereof 11-11-39
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Parkwood
Location
18. Funeral director Leonard J Ruth
Address 5305 Harford Rd.
19. 11/9 19 H. L. Sanders Registrar
(Date rec'd by registrar)
By Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8, 1939, at 6:30 p.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 4, 1937, to November 8, 1939, and that I last saw her alive on November 8, 1939.

Immediate cause of death	DURATION
Carcinoma of pancreas with metastasis into the liver and intestines before 1939	
Due to Chronic myocarditis before	"
Generalized arteriosclerosis	
Due to before	"
Other conditions Arteriosclerosis brain disease before 1939	

(Include pregnancy within 3 months of death)

Major findings:
Dt operations none
Dt autopsy As given above.

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Serge Androp
Serge Androp, M.D.
M. D. or other
Address Spring Grove St. Hosp. Date signed 11/9/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Authorization to change date of birth and age, letter in Permanent File under Silas W. Weltmer, M.D. 11/28/39.

A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 207-9 CD

10814

CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

(Over)

1. PLACE OF DEATH:
County Baltimore
City or town Whitehall
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Minnesota County
City or town St. Paul Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 497 E. Fifth St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Frederick Yeaske (Yeashe)?

3. (b) Social Security Number 476-10-2523.

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 55-60. Months: Days: If less than one day: ____ hrs. ____ min.

9. Birthplace (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden name
15. Birthplace

16. Informant
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 29, 1939 (month) (day) (year)
Cemetery or crematory Jessops
Location Salem, Md.
18. Funeral director Landon M. Brooks
Address Sparks, Md.

19. Nov. 28 1939 (Date rec'd by registrar) M Perkins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 27th about 1939, at 1-30 P M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

	DURATION
Immediate cause of death Accident Man fell under train	
Due to Abdomen Contusion Stretch of Bleeding	
Due to Injury - B.C.R.R.	
Other conditions	

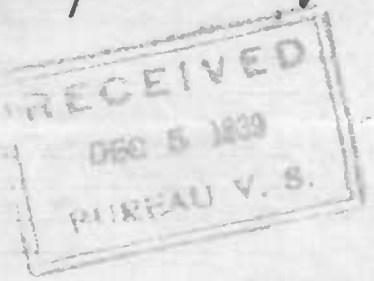
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, ~~suicide, or homicide~~ Accident Date of 11-27-39
Where did injury occur? Whitehall (City or town) Baltimore (County) Md. (State)
Injured at home, farm, industry, public place (where?) Railroad yards
Means of injury Run over by car Injured at work? No

23. SIGNATURE U. G. O. Nose Dept. P. M. Ex M. D. or other
Address Pocomoke Md. Date signed 11-27-39

we have wired for this family history - will forward it, if received

Landon M. Brooks